	HOXIE Docket: 1367521 - 72433	1
Item	Document	
1.	Request/approval to study for discontinuance (11/30/2010)	I
2.	Notice (if appropriate) to Headquarters of suspension	ı
3.	Notice (if appropriate) to customers/district personnel of suspension	ı
4.	Highway map with community highlighted (11/30/2010)	ı
5.	Eviction notice (if appropriate) (12/08/2010)	ı
6.	Building inspection report and original photos of building deficiencies (if appropriate) (12/08/2010)	ı
7.	Post Office and community photos (11/30/2010)	I
8.	PS Form 150, Postmaster Workload Information (12/10/2010)	I
9.	Worksheet for calculating work service credit (11/30/2010)	I
10.	Window transaction record (02/25/2011)	ı
11.	Record of incoming mail (11/30/2010)	I
12.	Record of dispatched mail (11/30/2010)	ı
13.	Administrative postmaster/OIC comments (09/27/2010)	ı
14.	Inspection Service/local law enforcement vandalism reports (10/13/2010)	
15.	Post Office fact sheet (05/12/2011)	
16.	Community fact sheet (02/25/2011)	

17.	Alternate service options/cost analysis (11/30/2010)	ı
18.	Form 4920, Post Office Fact Sheet (02/25/2011)	I
19.	Recomendation and Service Replacement Type (11/30/2010)	I
20.	Questionnaire instruction letter to postmaster/OIC (11/30/2010)	
21.	Cover letter, questionnaire, and enclosures (11/30/2010)	I
22.	Returned customer questionnaires and Postal Service response letters (11/30/2010)	I
23.	Analysis of questionnaires (11/30/2010)	I
24.	Community meeting roster (02/24/2011)	I
25.	Community meeting analysis (02/24/2011)	I
26.	Community meeting letter (02/24/2011)	I
27.	Petition and Postal Service response letter (if appropriate) (01/01/1900)	I
28.	Congressional inquiry and Postal Service response letter (if appropriate) (10/22/2010)	I
29.	Proposal checklist (02/25/2011)	I
30.	District notification to Government Affairs (03/01/2011)	I
31.	Instructions to postmaster/OIC to post proposal (03/01/2011)	ı
32.	Invitation for comments exhibit (03/01/2011)	
33.	Proposal exhibit	ı
34.	Comment form exhibit (03/01/2011)	ſ

		П
35.	Instructions for postmaster/OIC to remove proposal (05/10/2011)	ſ
36.	Round-date stamped proposals and invitations for comments from affected offices (05/12/2011)	ı
37.	Notification of taking proposal and comments under internal consideration (05/13/2011)	J
38.	Customer comments and Postal Service response letters (05/12/2011)	ſ
39.	Premature Postal Regulatory Commission appeal and Postal Service response letter (if appropriate) ()	
40.	Analysis of comments (05/12/2011)	ſ
41.	Revised proposal (if appropriate) (03/01/2011)	ſ
42.	Updated PS Form 4920 (if appropriate) (02/25/2011)	ſ
43.	Certification of record (05/12/2011)	ſ
44.	Log of Post Office discontinuance actions (05/12/2011)	ſ
45.	Transmittal to vice president, Delivery and Retail, from district manager, Customer Service and Sales (05/16/2011)	
46.	Headquarters' acknowledgment of receipt of record (05/20/2011)	
47.	Final determination transmittal letter from Headquarters (06/08/2011)	
48.	Instruction letter to postmaster/OIC on posting (06/21/2011)	
49.	Round-date stamped final determination cover sheets (08/11/2011)	



11/30/2010

DAVID CAMP DISTRICT MANAGER ARKANSAS PFC

SUBJECT: Authority to Conduct Investigation

I request your authorization to investigate a possible change in postal services for the office in the AR01 congressional district.

Post Office Name:	HOXIE.	
Zip+4 Code:	72433-9998	
EAS Level:	16	
Finance Number:	044302	
County:	LAWRENCE	
Proposed Admin Office:	WALNUT RIDGE PO	
ADMIN Miles Away:	1.7	
Near Office Name:	WALNUT RIDGE PO	
Near Miles Away:	1.7	
Number of Customers:		
Post Office Box:	197	
General Delivery:	0	
Rural Route (RR):	265	
Highway Contract Route (HCR):	0	
Intermediate RR:	0	
Intermediate HCR:	0	
City Delivery:	1.020	
Total Customers:	1,482	
ZIP Code Change:	Yes NO ZIP Code	
The above office became vacant when	n the postmaster was reassigned on 01/02/2010.	
POSTMASTER DOWNGRADED - Peclassifying it as a Branch of Walnut	within 5 miles of nearest office. Not discontinuing Ridge	g this office,
OHN CONFER Manager, Post Office Operations		
Approval to Study for Discontinuance	2:	
DAVID CAMP		11/30/2010
DISTRICT MANAGER ARKANSAS PFC		DATE



(501) 228-4171

Tele No:

Dockect 1367521

(650) 577-5059

Fax No:

		NOTICE OF POST C	OFFICE EIV	IERGEN	LY SUSPENSION		
A. Office							
Name: HOXIE Area: SOUTH Congressional Dis				District: County:	State: AR ARKANSAS PFC LAWRENCE		Code: 72433
EAS Grade:	16		-		Finance Number	r: 0443	02
Post Office:	~	Classified Station			Classified Branch		СРО
• There was n	o Emergency	/ Suspension for	this offic	ce			
							05/40/9044
Prepared by:	Jackie Stubits					Date:	05/12/2011
Title:	ARKANSAS F	PFC Post Office Review	Coordinato	or			



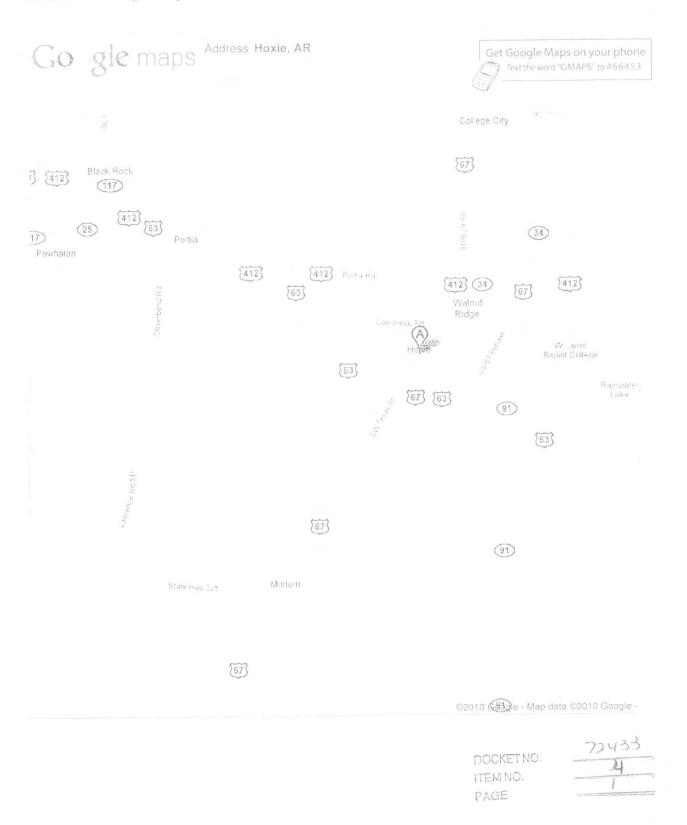
(501) 228-4171

Tele No:

		NOTICE TO CUSTOMERS	S/DISTRIC	T PERSO	NNEL OF SUSPENSION	N	
A. Office							
Name:	HOXIE				State: AR	Zip	Code: 72433
Area:	SOUTHWEST	20		District:	ARKANSAS PFC		-
	ional District:	AR01	-	County:	LAWRENCE		
EAS Grad	le:	16			Finance Number	04430)2
Post Offic	e: 🖌	Classified Station			Classified Branch		СРО
There was	s no Emergenc	y Suspension for this office					
Prepared		kie Stubitsch KANSAS PFC Post Office Review	v Coordinat	tor		Date:	05/12/2011

(650) 577-5059

Fax No:







Eviction Notice A. Office State: AR ARKANSAS PFC Zip Code: 72433 Name: HOXIE SOUTHWEST District: Area: LAWRENCE County: Congressional District 044302 EAS Grade: 16 Finance Number Classified Branch CPO Classified Station Post Office: 1

There was no eviction notice for this office



Jackie Stubitsch

(501) 228-4171

ARKANSAS PFC Post Office Review Coordinator

Prepared by:

Title:

Tele No:

					Buil	aing inspi	ection Rep	oort	
Office	9								
ame:	HOXIE							State: AR	Zip Code: 72433
ea:	SOUTHV	VEST					District:	ARKANSAS PFC	
ongressional D		ct: AR01					County:	LAWRENCE	044202
AS Gra	ide:		16					Finance Number:	044302
st Offi	ce:	M		Classi	fied Station			Classified Branch	CPO
Thor	a was no	build	ling in	spectio	on report	nor pho	tos for t	his office	
Ther	e was no	build	ding in	spectio	on report	nor pho	tos for t	his office	
Ther	e was no	build	ding in	spectio	on report	nor pho	tos for t	his office	
Ther	e was no	build	ding in	spectio	on report	nor pho	tos for t	his office	
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There	e was no	build	ding in	spectio	on report	nor pho	tos for t	his office	
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There	e was no	build	ding in	spectio	on report	nor pho	tos for t	his office	
There	e was no	build	ding in	spectio	on report	nor pho	tos for t	his office	
There	e was no	build	ding in	spectio	on report	nor pho	tos for t	his office	

05/12/2011

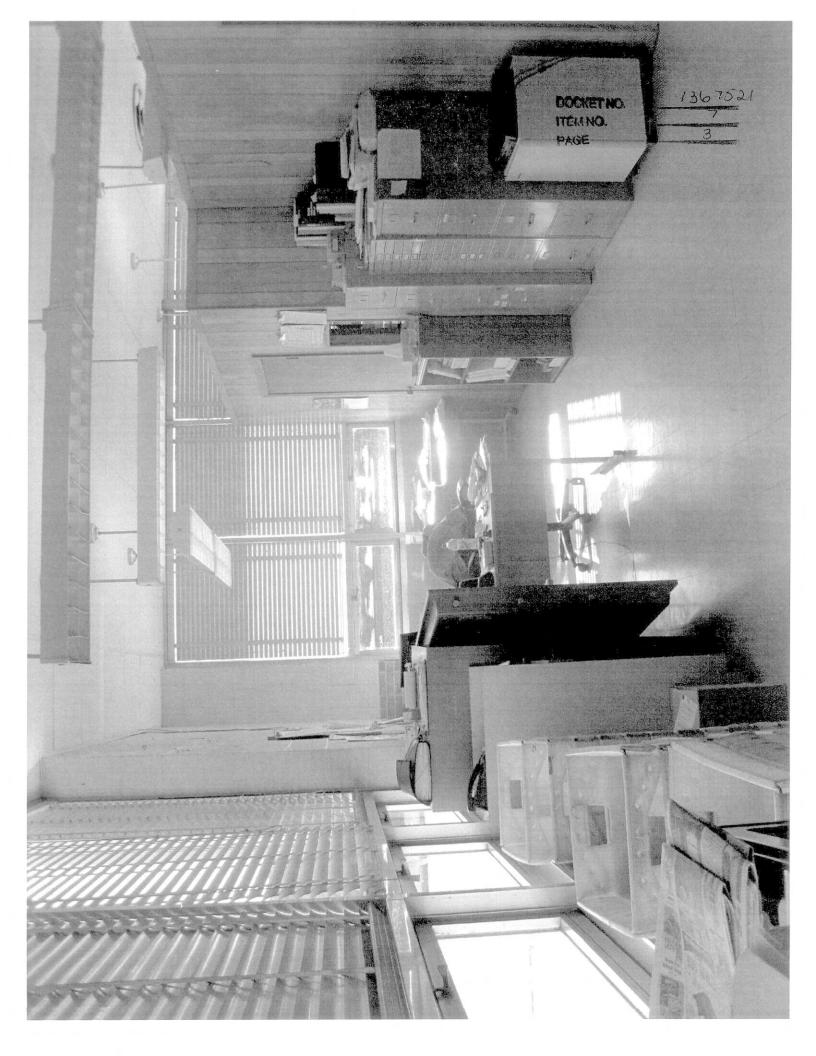
(650) 577-5059

Date:

Fax No:



DOCKETNO. ITEMNO. PAGE









PS Form 150, Postmaster Workload Information

Post Office, State & Zip Code HOXIE, AR 72433		Postmaster's Signature John Confer	12/03/2010
District Office, State & Zip Code RKANSAS PFC, AR 72205		District Manager's Signature David Camp	Date 12/10/2010
Check Box)			
Vacancy Management Review	RFR	See Instru on Revers	
Current Office Level			16
Finance Number	(1-6)	0	44302
General Delivery Families Served	(7-9))	0
Post Office Boxes/Call Boxes Rented	(10-1	5)	197
Possible City Deliveries	(16-2	0)	1.020
Administrative Rural Boxes Served	(21-2		265
7. Intermediate Rural Boxes Served	(26-3	NO.1	0
Administrative Responsibility form Intermediate Rural Boxes for Other Offices	(31-3		0
Administrative Highway Contract/Star Route Boxes Served	(36-3		0
10. Intermediate Highway Contract/Star Route Boxes Served	(40-4		0
11. Administrative Responsibility for Intermediate Highway Contract/Star Route Boxes for Other Offices	(44-4		0
12. Number of Carrier Stations/Branches	(48-4		0
13. Number of Finance Stations/Branches	(50-5		0
Number of Contract Stations/Branches & Community Post Offices	(52-5	53)	0
15a. Does Office Experience A Seasonal Workload? (box one "Y" of yes. "N" for no) (If you answer "yes" of this question, complete 'Seasonal Workload' section on reverse.)	(54		N
15b. Duration of Experience A Seasonal Workload? (minimum or 8 weeks)	(55-		0
16. Does Office Perform Outgoing Distribution for Other Offices?	(5)		N
17. Does Office Perform Incoming Distribution for Other Offices?	(5)		N
18. Does Office Perform Incoming Secondary Distribution for Other Offices?	(5		N
19. Do You Separate All Incoming Letter Size Mail to City & Rural Carrier Routes for Your Own Office?	(6		N
20. Do You Separate All Incoming Flat Size Mail to City & Rural Carrier Routes for Your Own Office?	(6		N
21. Do You Have Responsibility for Vehicle Maintenance Facilities?		(2)	N
22. Does Your Office Have Administrative Responsibility for an Air Transfer Office?		(3)	N
23. Is Postmaster Lessor for Government Owned Building?		54)	N
Does Office Have MPLSM/SPLSM?		35)	N
25. Does Office Distribute Food Stamps?	(6	55)	N

PS Form 150. January 1983

PS Form 150, Postmaster Workload Information

Do	ck	et	1	3	6	7	5	2	1
Pa	ge	N	b	r	8	a			

	Newscal	During Seasonal Period
	Normal	Geasonal Fellow
General Delivery Families Served	0	0
Post Office Boxes/Call Boxes Rented	197	0
Possible City Deliveries	1,020	0
Administrative Rural Boxes Served	265	0
Intermediate Rural Boxes Served	0	0
Administrative Responsibility/Number Intermediate Rural Boxes	0	0
Administrative Highway Contract/Star Route Boxes Served	0	0
Intermediate Highway Contract/Star Route Boxes Served	0	0
Administrative Responsibility/Number Intermediate Highway Contract/ Star Route Boxes	0	0

Instructions

- 1 Enter current evaluated office leve
- 2 Enter the 8 digit post office finance number.
- Enter number of general delivery families served.
- 4 Enter total number of post office boxes and call boxes rented. Do not confuse with the total number available. This total should include boxes rented at classified stations/branches as well as the main office including GPO's.
- Enter total possible city deliveries. The total reported should equal
 the total possible deliveries shown on Form 1621, Camer Route
 Report for the previous accounting period
- Enter the number of administrative boxes served. This is the number of rural route boxes served, within your ZIP Code ONLY by carriers administratively reporting to you. Do not include boxes on the routes which are in the ZIP Code of an intermediate office.
- 7. Enter the number of intermediate rural boxes served. This is the number of rural boxes, within your ZIP Code, served by a carrier administratively reporting to another postmaster. For credit, the mail must be incoming to your office and separated to the routes within your ZIP Code by you or your employees prior to carrier sequencing.
- Enter the number of intermediate rural boxes for which you are administratively responsible. This is the number of boxes served by a carrier administratively responsible to you, but which are located in the ZIP Code for another office.
- 9. Enter the number of administrative highway contract star route boxes served. This is the total number of star route boxes served within your ZIP Code ONLY by a contractor for whom you have administrative responsibility. Do not include boxes on the routes which are in the same ZIP Code of an intermediate office.
- 10 Enter the number of intermediate highway contract star route boxes served. This is the total number of star route boxes served within your ZIP Code ONLY by a contractor who administratively reports to another Postmaster. For credit the mail must be incoming to your office and separated to the contract route by you or your employees.
- 11 Enter the number of intermediate highway contract star route boxes for which you are administratively responsible. This is the number of boxes served by a contractor for whom you are administratively responsible and which are located in the ZIP Code of another office.
- 12 Enter the number of classified stations and/or branches that have carrier delivery service

- Enter the number of classified finance stations and/or branches (without partier delivery service) staffed by postal employees.
- Enter the total number of contract stations, rural stations and community post offices.
 - (a) A contract station is a detached finance unit manned by non-postal employees
 - (b) A rural station is a post office box delivery unit serviced by a rural carrier.
 - A community post office is a contract unit which provides service in a small community.
- 15. To receive credit for a seasonal workload increase the items shown on the seasonal workload portion of the form must show a 25% increase and must last for a minimum of 8 weeks. The Christmas Season is not to be considered as a seasonal workload increase. Should your office have a seasonal workload increase you should enter the exact number of weeks the season lasts and complete the seasonal workload portion of the form in its entirety.

Questions 16 Thru 25 Should Be Answered Y (Yes) or N (No)

- 16 Does office separate massed outgoing mail originating in other associate offices to three digit ZIP CODE designating offices and/or area distribution centers and demonstrate a culling, facing and cancelling operation?
- 17 Does office separate massed three digit sorted incoming mail to a five digit sort for other associate offices?
- 18. Does office separate incoming mail to carrier routes for other associate offices?
- 19 Does office separate all incoming letter size mail to city, rural and/or star routes?
- 20. Does office separate all incoming flats to city and/or rural carrier routes without assistance from an MPC?
- 21 Do you have a vehicle maintenance facility under your jurisdiction?
- 22. Do you have an air transfer office under your jurisdiction?
- 23. Do you occupy a government-owned building and lease a portion of the building to someone else?
- 24. Does your office operate a Multiple Position Letter Sorting Machine (MPLSM) or Single Position Letter Sorting Machine (SPLSM)?
- 25 Does your office distribute food stamps?

Worksheet for calculating Workload Service Credit (WSC) for Post Offices

	Worksheet for	calculating Worklo	oad Service	Credit	(WSC) f	or Post	Offices		
fice Name:	HOXIE		ARKANSAS	DEC					
ffice Zip+4:	72433 -9998	District:	ARKANSAS	PFU		_			
		Ac	tivity WSCs	3					
Conoral Dolivery	Families Served (Iter	n 3. PS Form 150)				0	_ X 1.0	=	
Post Office Boxe	s/Call Boxes Rented	(Item 4, PS Form 1	50)			197	X 1.0	=	197
Possible City De	liveries (Item 5, PS Fe	orm 150)				1,020	_ X 1.33	=	1,357
Administrative R	ural Boxes Served (Ite	em 6, PS Form 150))		_	265	_ X 1.0	=	_ 265
Intermediate Rui	al Boxes Served (Iter	n 7, PS Form 150)		P3 2 15 1		0	_ X 0.7	=	(
Administrative R	esponsibility for Interr	nediate Rural Boxe	s for Other	Offices					
(Item 8, PS Fo	rm 150)					0	X 0.3	=	(
		Davida Davida Conv	ad		_				
Administrative H	ighway Contract/Star rm 150)	Route Boxes Servi	eu						
(Item 9, F3 F0	1111 150)				_	0	X 1.0	=	
Intermediate Hig	hway Contract/Star F	Route Boxes Served	b						
(Item 10, PS F	orm 150)					0	_ X 0.7	=	_
A desiminate of the D	esponsibility for Inter	mediate Highway C	contract/Star	Route		No. of Control	A. 12		
Boxes for Other	Offices (Item 11, PS	Form 150)				0	X 0.3	=	-
		Total Activity W	SCs						1.81
		Re	evenue WS0	Cs					
First		25 revenue units	s: 1.00	X	25 uni	ts	=	25.00	
Next		275 revenue units		X	166 uni	ts	=	83.00	
Next		700 revenue units		X	0 un	its	=	0.00	
Next		5000 revenue unit		X	0 un	its	=	0.00	
Next	Balar	nce of revenue units		X	0 un	its	=	0.00	
	Total rever							108.00	
			0 00 D	- MCC	. 10	27.00	= EAS Grade	e 15	5
Activity WSCs	+ Reven	ue WSCs = 10	08.00 Bas	e wsc	5 1,5	121.00	E/10 Orda		
Previous evalu	ation: EAS grade	16							
							(if appropria	ite)
Effective date	of change in service h	ours.	iate EAS ara	ade)					
(when a vacan	cy exists, hours must	reliect the appropr	iate Line gre	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Worksheet cor	npleted by:								
			JAC	CKIE.M.	STUBIT	SCH@L	ISPS.GOV		
JACKIE STUB	113011								
Printed Name			Sig	nature					
ARKANSAS P	FC District Review C	pordinator	11/	30/2010)				
AINMINOAOT			-						
Title			Dat	te					

Dacket 1367/21 - 72433 Item Nbt 10 Page Nbt 1

Window Transaction Survey	n Survey					
			Window Transaction	Survey		
N CO	HOXIE	ZIP+4:	72433 - 9998	Completed By:	JACKIE STUBITSCH	
TO Name.	10/00/2010	through	10/22/2010			
Survey Period:	10/03/2010	50				

number of transactions, divide the total number of transactions during the survey period by the number of days in the survey. The allowable time per transaction is shown in each column in minutes. To determine the average daily workload in minutes, multiply the number of transactions in each column by the time conversion for that column, total the time conversions for all columns, and divide the total number of minutes by the number of days Record the number of retail window transactions in the appropriate columns for each day. Consider a sale of stamps as one transaction. A sale of stamps and a money order is two transactions. Do not record the handing out over the counter of box mail, general delivery mail, or carrier mail. Instead of this worksheet, you may use PS Form is two transactions. Do not record the handing out over the counter of box mail, general delivery mail, or carrier mail. Instead of this worksheet, you may use PS Form 2007-A, Window Transaction Record; PS Form 2007-B, Window Transaction Conversion; and PS Form 2007-C, Window Transaction Survey. To obtain the average daily

Priority Priority Priority Priority Priority Priority Postage Money Postage Postage Postage Money Postage Post	IN THE SUIVEY DELICA									
Postage Money Registered Mater Box Section Mater Sales Crickes Co.D.			<u>P</u> (ţ		Certified		
Consider Control Con				-		Meter	Вох	Special	Misc.	Nonrevenue
(777) (1.083) (1.999) (5.06) (2.879) (1.792) (Sale					Rent	Service	Services	Services
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		77.)		.083)		- 8	(2.8/5)	(1.787)	(101.1)	(1.100)
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Day/Dale	0		0	0	0	0	0	0	0
29 12 0 0 0 0 0 0 29 12 0 0 0 1 9 4 25 17 0 0 0 1 1 1 26 10 0 0 0 1 1 1 1 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0 1 1 4 0 0 0 0 0 2 5 5 0 0 0 0 0 1 4 0 0 0 0 0 0 2 5 5 0 0 0 0 0 1 7 4 0 0 0 0 0 2 1 7 0 0 0 0 0 0 3 4 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0 5 0 0 0 0 0	Sat - 10/09			0	0	0	0	0	0	0
29 12 0 0 1 9 4 9 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Sun - 10/10		1	C	0	0	0	0	0	0
25 17 0 0 4 26 10 0 0 1 1 26 10 0 0 1 1 1 0 0 0 0 0 0 0 0 17 4 0 0 0 0 0 0 17 4 0 0 0 0 0 0 17 4 0 0 0 0 0 0 18 8 0 0 0 0 1 0 19 8 0 0 0 0 1 10 8 0 0 3 2 10 10 8 0 0 0 0 10 10 10 0 0 0 0 0 10 10 2 0 0 0 0 0 0 10 10 0 0 0 0 0 0 0 0 10 10 0 0 0 0 0 0 0 0 0 0 0 0 0	Mon - 10/11			42		C	-	0	0	26
25 8 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tue - 10/12	7	0	7			C	-	-	C
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0	Thu - 10/14	36	(C)	10	0	0	-	0	0	12
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Fri - 10/15				C	0	C	C	0	0
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Sat - 10/16			5	0					
22 5 0 0 1 0 17 4 0 0 0 1 28 19 8 0 0 1 19 8 0 0 2 1 21 7 0 0 3 2 210 90 2 0 3 2 210 90 2 0 9 19 210 3 2 0 3 2 210 3 2 0 3 2 210 30 2 0 3 19 210 3 2 0 3 19 210 3 2 0 3 19 210 3 2 0 3 19 210 3 2 0 3 19 210 3 3 3 3 3 210 3 4 3 3 3 210 3 4 3 3 3 210 3 4 3 3 3 210 3 4 3 3 3			0	0	0	0	0	0	0	0
17 4 0 0 0 1 19 28 19 0 0 0 1 21 19 8 0 0 2 1 2 21 7 0 0 3 2 1 2 21 7 0 0 3 2 1 2 21 7 0 0 3 2 1 2 210 90 2 0 9 19 3 4 40 40 40 40 40 40 3 3 4 40	Sun - 10/1/		00	r	0	0	—	0	0	17
19 /20 /20 /21 /21 /21 /22 /21 /22 /22 /23 /23 /23 /24 /24 /25 /25 /25 /25 /25 /25 /25 /25 /25 /25	Mon - 10/18		1	-		C	C	-	0	16
120 19 8 0 0 0 1 21 8 0 0 2 1 2 21 7 0 0 3 2 1 2 210 90 2 0 9 19 1 2 2 3 4 3 4 1 1 3 4	Tue - 10/19			4					0	21
19 8 0 0 2 1 21 7 0 0 3 2 1 210 90 2 0 3 2 2 210 90 2 0 9 19 2 210 80 2 0 9 19 2 210 80 2 0 9 19 2	10/20	2	28	19	0	0	0	-	N	17
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2 210 90 2 0 9 19	Thu - 10/21		2.4	7	C	0	n	2	2	7
x	Fri - 10/22	1 0	- 0	. 6	C	C	o	19	0	124
tor	TOTALS	7	2	200	7)	2		
400 700 200 338		×	777	1.083	X 1.969	X 5.06	X 2.875	×		X 1.188
0:0	Time Factor	4	7	10.8	0.4	0.0	2.9	3.8	1.8	16.4
	Daily Average		-	2			Avers	Vied Daily	Retail	C * L
51.4	A Mumbor Daily Transactions.				2i	1.4	Work	oad in Mir	nutes.	2.4.2
	Average Number Daily Transactions						1			

Survey of Incoming Mail

Survey of Incoming Mail (Record in Pieces)

Post Office Name and Zip+4

HOXIE 72433 - 9998

Dates Recorded

10/22/2010 10/09/2010 through

Date	Let	ters	FI	ats	Pai	rcels	Oth	er
Date	First Class	Standard	First Class	Standard	Priority	Standard		
Sat - 10/09	2298	0	365	211	28	42	0	0
Sun - 10/10	0	0	0	0	0	0	0	0
Mon - 10/11	0	0	0	0	0	0	.0	0
Tue - 10/12	3059	0	528	336	48	55	0	0
Wed - 10/13	2497	284	374	662	2	2	0	0
Thu - 10/14	0	0	0	0	0	0	0	0
Fri - 10/15	0	0	0	0	0	0	0	0
Sat - 10/16	4759	0	240	58	25	27	0	0
Sun - 10/17	0	0	0	0	0	0	0	0
Mon - 10/18	2303	0	298	0	44	28	0	0
Tue - 10/19	3275	0	34	470	7	16	0	0
Wed - 10/19	4149	0	249	326	7	46	0	0
Thu - 10/21	2587	0	893	268	20	29	0	0
Fri - 10/22	2718	0	211	115	6	43	0	.0
TOTALS	27,645	284	3,192	2,446	187	288	0	0
Daily Average	3.071.7	31.6	354.7	271.8	20.8	32.0	0.0	0.0
		2 /	IACKIE STI	IRITSCH				

Signature of Person Making Count:

JACKIE STUBITSCH

Printed Name:

JACKIE STUBITSCH

Date:

11/30/10

Conversion Rate

	COLLACT	STOTT TRACE	With the second
Letter Type	Total Pieces Per Foot	Flat Type	Total Pieces Per Foot
	227	Manual Flats	115
Manual Letters	215	Automated Flats	115
Automated Letters		Sequenced Flats	115
Sequenced Letters	227	Sequenced ride	licoblo

Conversion rates are subject to periodic updates which will be published and disseminated when applicable.

Survey of Dispatched Mail

Survey of Dispatched Mail (Record in Pieces)

Post Office Name and Zip+4

HOXIE 72433 - 9998

Dates Recorded

10/09/2010 through 10/22/2010

Dates Recorded Date		tters	F	ats	Pai	rcels	Oth	ner
Date	First Class	Standard	First Class	Standard	Priority	Standard		
Sat - 10/09	182	0	1	0	3	1	0	0
Sun - 10/10	0	0	0	0	0	0	0	0
Mon - 10/11	0	0	0	0	0	0	0	0
Tue - 10/12	784	1	16	0	8	3	0	0
Wed - 10/13	567	0	18	1	12	1	0	0
Thu - 10/14	358	0	7	0	5	1	0	0
Fri - 10/15	455	0	5	2	2	0	0	0
Sat - 10/16	142	0	3	0	0	0	0	0
Sun - 10/17	0	0	0	0	0	0	0	0
Mon - 10/17	1611	0	17	0	4	2	0	0
The second secon	493	0	14	0	3	1	0	0
Tue - 10/19	632	0	5	0	12	3	0	0
Wed - 10/20	358	0	5	0	1	0	0	0
Thu - 10/21		2	10	1	3	1	0	0
Fri - 10/22	832	3	101	4	53	13	0	0
TOTALS	6,414		11.2	0.4	5.9	1.4	0.0	0.0
Daily Average	712.7	0.3	IACKIE STI					

Signature of Person Making Count:

Printed Name:

Date:

JACKIE STUBITSCH

JACKIE STUBITSCH

11/30/10



09/27/2010

OIC/POSTMASTER

SUBJECT: HOXIE Post Office

Please provide the names and addresses of businesses, religious institutions, civic organizations, and local government offices, and schools that are served by the HOXIE Post Office. The list of businesses should include small, part-time and in-home businesses, as well as public institutions, such as schools, police departments, etc; religious institutions and businesses physically located outside the community that use retail services on a routine basis at the HOXIE Post Office. Also, please provide the total number of permit mailers and postage meter customers. Indicate in the space below the total number of Post Office box, general, and street delivery customers served by the office. Return all documents to JACKIE STUBITSCH by 10/11/2010. This information will be entered into the official record for public viewing.

Post Office Box	197
General Delivery	0
Rural Route (RR)	265
Highway Contract Route (HCR)	0
Intermediate RR	0
Intermediate HCR	0
City Delivery	1,020
Total Customers	1,482

If you have any comments on alternate means of providing services to the HOXIE customers, please provide them below:

JACKIE STUBITSCH Post Office Review Coordinator

Comments:

cc: Official Record



10/13/2010

SUBJECT: Possible Discontinuance of Post Office

The Postal Service is currently conducting an investigation concerning the possible discontinuance of the HOXIE Post Office, 72433 - 9998, located in LAWRENCE County. Please search your records for any recent reports of mail theft or vandalism in the area.

Please enter your findings in the yellow blocks below. Once complete please click submit. You can print from above. Signatures are captured electronically.

Thank you for your assistance in this matter

JACKIE STUBITSCH Post Office Review Coordinator ARKANSAS PFC

NBR records of mail theft or vandalism: 0

Comments/Findings:

This office is under consideration of re-classification from a Post Office to a Branch of Walnut Ridge

cc: Official Record

	Post O		72433-9998
Post Office Name	HOXIE	ZIP+4	02/25/2011
Congressional District	AR01	Date	02/23/2011
List specific information a where restrooms are availated Parking lot is in need of re	able), security, and other defi-	ctural defects, safety hazards, lack of running ciencies or factors to consider.	water or restrooms (if so.
Is the facility accessible	e to persons with disabilities?	✓ Yes No	
Lease terms? 30-day ca	ancellation clause? exp 01	/31/2016 NO 30-day cancellation clause	
Are suitable alternate q	uarters available for an indep	endent Post Office? If so, where?	
N/A - we will retain the	e retail operations in the curre	ent facility	
List potential CPO site:	S.		
List potential e			
N/A Are there any postage me	eter customers or permit mail		PO Box 40 Heritage Agricultu
N/A Are there any postage me If yes, please identify the PERMIT: Hoxie Water V of Arkansas, PO Box 189	eter customers or permit mail em by name and address. Works, PO Box 28 METER: 0 Farm Services, Inc., PO Bo	Pratt Auto Salvage, PO Box 9 Hoxie School, x 249	
N/A Are there any postage me If yes, please identify the PERMIT: Hoxie Water V of Arkansas, PO Box 180 Which career and none	eter customers or permit mail em by name and address. Works, PO Box 28 METER: 0 Farm Services, Inc., PO Bo career employees will be affec	Pratt Auto Salvage, PO Box 9 Hoxie School, x 249 eted and what accommodations will be made	for them?
N/A Are there any postage me If yes, please identify the PERMIT: Hoxie Water V of Arkansas, PO Box 189 Which career and none N/A How is mail received an	eter customers or permit mail em by name and address. Works, PO Box 28 METER: 1 0 Farm Services, Inc., PO Bo career employees will be affect d dispatched at the office and	Pratt Auto Salvage, PO Box 9 Hoxie School, x 249 eted and what accommodations will be made at what times? How will this be affected by 6	for them? liscontinuance? Will a collecti
N/A Are there any postage me If yes, please identify the PERMIT: Hoxie Water V of Arkansas, PO Box 189 Which career and none N/A How is mail received an box be retained? Will a l transportation schedules	eter customers or permit mail em by name and address. Works, PO Box 28 METER: 0 Farm Services, Inc., PO Bo career employees will be affect d dispatched at the office and locked pouch be utilized? will remain as they are. The	Pratt Auto Salvage, PO Box 9 Hoxie School, x 249 eted and what accommodations will be made at what times? How will this be affected by a collection box will remain and locked pouche	for them? liscontinuance? Will a collecti
N/A Are there any postage me If yes, please identify the PERMIT: Hoxie Water of Arkansas, PO Box 189 Which career and none N/A How is mail received an box be retained? Will a l transportation schedules How many Post Office How many Post Office	eter customers or permit mail em by name and address. Works, PO Box 28 METER: 0 Farm Services, Inc., PO Bo career employees will be affect d dispatched at the office and locked pouch be utilized? will remain as they are. The e boxes are installed? e boxes are used?	Pratt Auto Salvage, PO Box 9 Hoxie School, x 249 cted and what accommodations will be made at what times? How will this be affected by collection box will remain and locked pouche 288 197	for them? liscontinuance? Will a collecti
N/A Are there any postage me If yes, please identify the PERMIT: Hoxie Water V of Arkansas, PO Box 180 Which career and none N/A How is mail received an box be retained? Will a l transportation schedules How many Post Office	eter customers or permit mail em by name and address. Works, PO Box 28 METER: 0 Farm Services, Inc., PO Bo career employees will be affect d dispatched at the office and locked pouch be utilized? will remain as they are. The e boxes are installed? e boxes are used?	Pratt Auto Salvage, PO Box 9 Hoxie School, x 249 cted and what accommodations will be made at what times? How will this be affected by collection box will remain and locked pouche 288 197 08:30 - 11:30 - 13:00 - 16:00 M-F	for them? liscontinuance? Will a collecti
N/A Are there any postage me If yes, please identify the PERMIT: Hoxie Water V of Arkansas, PO Box 180 Which career and none N/A How is mail received an box be retained? Will a l transportation schedules How many Post Office What are the window	eter customers or permit mail em by name and address. Works, PO Box 28 METER: 10 Farm Services, Inc., PO Bo career employees will be affected dispatched at the office and locked pouch be utilized? will remain as they are. The e boxes are installed? e boxes are used? service hours?	Pratt Auto Salvage, PO Box 9 Hoxie School, x 249 cted and what accommodations will be made at what times? How will this be affected by collection box will remain and locked pouche 288 197 08:30 - 11:30 - 13:00 - 16:00 M-F Closed S	for them? liscontinuance? Will a collecti
N/A Are there any postage me If yes, please identify the PERMIT: Hoxie Water of Arkansas, PO Box 189 Which career and none N/A How is mail received an box be retained? Will a l transportation schedules How many Post Office How many Post Office	eter customers or permit mail em by name and address. Works, PO Box 28 METER: 10 Farm Services, Inc., PO Bo career employees will be affected dispatched at the office and locked pouch be utilized? will remain as they are. The e boxes are installed? e boxes are used? service hours?	Pratt Auto Salvage, PO Box 9 Hoxie School, x 249 cted and what accommodations will be made at what times? How will this be affected by collection box will remain and locked pouche 288 197 08:30 - 11:30 - 13:00 - 16:00 M-F	for them? liscontinuance? Will a collecti
N/A Are there any postage me If yes, please identify the PERMIT: Hoxie Water V of Arkansas, PO Box 180 Which career and none N/A How is mail received an box be retained? Will a l transportation schedules How many Post Office How many Post Office What are the window	eter customers or permit mail em by name and address. Works, PO Box 28 METER: 10 Farm Services, Inc., PO Bo eareer employees will be affected dispatched at the office and locked pouch be utilized? will remain as they are. The e boxes are installed? to boxes are used? service hours?	Pratt Auto Salvage, PO Box 9 Hoxie School, x 249 eted and what accommodations will be made at what times? How will this be affected by collection box will remain and locked pouche 288 197 08:30 - 11:30 - 13:00 - 16:00 M-F Closed S 24 hrs M-F	for them? Hiscontinuance? Will a collecti s will NOT be utilized

Post Office Survey Sheet (continued)

Docket: 1367521 - 72433 Page Nbr: 15 Page Nbr: 2

10.	What equipment in the Post Office is not owned by the Postal Service (e.g., Post Office Boxes, N/A	
11.	List potential CBU/parcel lockers sites and distances from present Post Office site. N/A	. On the statement
12.	Are there any special customer needs? (People who cannot read or write, who cannot drive, who handicaps, etc.) How can these people be accommodated? N/A	have infirmities or physical
13.	Rural delivery/HCR delivery. a. What is current evaluation? b. Will this change result in the route being overburdened?	H39 Yes ₩ No
	If so, what accommodations will be made to adjust the route? How many boxes and miles will be added to the route? What would be the additional annual expense if the route is increased? What is the one-time cost of CBU/parcel locker installation (id appropriate)? At what time of the day does the carrier begin delivery to the community? Will this delivery time be affected if the office is discontinued? (Y or N) If so, how?	0, box 2.00 Miles 0 0 8:00 Yes No 0
14.	Are the Post Office box fees at the facility that will provide alternative service different from the discontinued? If so, how (Cost)? More Same Less	ose at the office to be

Community Survey Sheet

		Commu	unity Survey Sheet	72433-9998
	Post Office Name	HOXIE	ZIP+4	02/25/2011
	Congressional District	AR01	Date	02/23/2011
1.	Incorporated?		Yes No	
	Local government provi	ded by:	Mayor	
	Police protection provid		Hoxie Police Departme	
	Fire protection provided		Hoxie Fire Department	
	School location:		305 SW ALICE ST	
2.	Hoxie has experienced	n is expected? (Please docum drop in population since the .	2000 cencus of -6.5% (www.city-data.com)	
3.	What residential, comm	dercial, or business growth is all government officials on 10/0	expected? (Please document your source) 07/2010. No response as of this date.	
4.	Are there any special co	special historical events rela ommunity events to consider ty a state or national historic al estate office when verificar	? landmark (see ASM 515.23)?	
	Hoxic was the 3rd Arka	ansas school in integrate		
A 0- m E A) Wholesale trade: 1997 - 5 98, 2002 - 68 (Per 100,000 -19, 2002 - 0-19 (Per 100,0 tanagement & remediation) Health care & social assistation of the control of the contro	55, 2002 - 63 (Per 100,000 population: 1997 - 3,472, 20 000 population: 1997 - 269, 2 service: 1997 - 0-19, 2002 - stance: 1997 - 0-19, 2002 - 2	mity (e.g., retirces, commuters, self-employed population: 1997 - 1,948, 2002 - 2,267, State (2002 - 2,446, State average - 1,139) C) Real expression of the community of the co	rative & rental & leasing: 1997 - rative & support & waste 2002 - 1.712, State average - 748) - 791, State average - 3.301) F)
6.	Which nonpostal service school bus stop, comm	ces are provided by the Post unity meeting location, votin	Office (e.g., public bulletin board, ng place, government form distribution center or citizens and handicapped)? The Post Office is discontinued?	r.

Highway Contract Route Cost Analysis Form

			High Estimated 0	way Contract Route Cost for Alternative Serv	rice	
Office N		HOXIE	— District:	ARKANSAS PFC		
Office 2	Zip+4:	72433 -9998	DISTRICT.	ANTONIONOTTO		
1.	Enter the r boxes to b	number of additional e added to the route		0	x 3.64 hours per year	0.00
2.	Enter the r	number of additional e added to the route		0.00	x 10.40 hours per year	0.00
					Total time added to the route	0.00
3.	Enter the (Contact A	HCR hourly rate Area Manager, Purchas	sing/Contractin	g		0.00
		Total addition	al compensa	tion (HCR hourly rate x	total time added to the route)	0.00

Rural Route Cost Analysis Form

Docket: 1367521 - 72433

Item Nbr. 17 Page Nbr. 2

Rural Route Carrier Estimated Cost for Alternative Replacement Service HOXIE Office Name: ARKANSAS PFC District: 72433 -9998 Office Zip+4: Enter the number of additional 0 boxes to be added to the rural route Enter the number of additional 2.00 miles to be added to the route Enter the volume factor Total (additional boxes x volume factor) Enter the number of additional boxes to be added to the rural route 0.00 0.00 x 1.00 Min Centralized boxes 0.00 0.00 x 1.82 Min Regular L route boxes 0.00 x 2.00 Min Regular Non-L route boxes 0.00 Total additional box allowance x 12 Mileage Enter the number of additional daily miles to be added to 24.00 2.00 Standard the rural route Total additional minutes per week 24.00 (miles carried to two decimal places) Total additional annual minutes 1,248.00 24.00 x 52 Weeks (additional minutes per week year) Total additional annual hours (additional annual minutes/ 20.80 / 60 Minutes 1,248.00 60 minutes per hour) Enter the rural cost per hour (see national payroll summary report - rural 30.76 carrier, consolidated) 639.81 Total Annual Cost (additional annual hours x rural cost per hour) 0.00 Enter lock pouch allowance (if applicable) Total annual cost for alternate service (annual cost minus lock pouch allowance) 639.81

	Fact Sheet	OLIDATION PROPOSA	AL.	Prepared 02/25/201
Post Office Name		 State and ZIP + 4 Cod AR, 72433-9998 	e	
HOXIE	Customer Service	6. County	7. Congressio	onal District
REASON for Proposal to Discontinue 9.	NEST PO Emergency Suspend(No Suspension	LAWRENCE Reason and Date)	10. Proposed Permanent	Alternate Service
11. Staffing			12. Hours of Service	
	n & Date, was reassigned	a. Time M-F 08:30 - 16:00	Sat Closed	Total Window Hours Per Week
OIC Career	Non-Career	a. Lobby Time M-F 24 hrs	Sat 24 hrs	30.00
(50)EAS-16 No of Clerks-1 No of Career-1 No o	ngraded from EAS-16 f Non-Career- 0 f Non-Career- 1		1	
. IND OF Others 5 TWO OF OUR SET	THE RESERVE OF THE PERSON OF T		14. Daily Volume (Pieces)	
13. Number of Customers	0	Types of Mail	Received	Dispatched
General Delivery	197	a. First-Class	3,103	713
P.O. Box	1,020	b. Newspaper	626	11
City Delivery	265	c. Parcel	52	7
Rural Delivery Highway Contract Route Box	D	d Other	D	0
Total	1,482	e. Total	3,781	731
No. Receiving Duplicate Service	0	f. No. of Postage Meter	2	4
Average No. Daily Transactions	51.40	g. No. of Permits	1	c. PM Fringe Benef
inances a. FY 008		5 78 106	PM Basic Salary (no Cola)	(33.5% of b.) \$18,400
2009	16a.	\$ 71,340 \$ 73,382 Quarters	\$ 54926	
Postal Owned Postal Owned Yes Cocated in Business Home	Leased (if Leased Expiration Di	S 73,382 Quarters ste) 01/31/2016 Evicted? Yes ✓	Annu: No (if Yes, must vacate by) available? Yes	al Lease \$ 0
Postal Owned Postal Owned Yes Cated in Business Home Business Home Tob. Explain The Hoxie Post Office is in a stand-alone buildir Walnut Ridge Post Office which is located less to	Leased (if Leased Expiration Did.) No. E. Other Other This request is for the rehan 1 mile away.	Quarters site) 01/31/2016 Evicted? Yes Suitable alternate quarters accessification of the Hoxie P	No (if Yes, must vacate by) available? Yes vost Office from a Post Office anating Office (Proposed)	al Lease \$ 0
Postal Owned Postal Owned Postal Owned Business Home Home Home How Post Office is in a stand-alone building Post Office which is located less to the control of the	Leased (if Leased Expiration Did.) No. E. Other Other This request is for the rehan 1 mile away.	Quarters site) 01/31/2016 Evicted? Yes Suitable alternate quarters accessification of the Hoxie P	No (if Yes, must vacate by) available? Yes Post Office from a Post Office transating Office (Proposed) EAS Level 1:	al Lease \$ 0 No to a Branch of the
Postal Owned Postal Owned Poday cancellation clause? Separation of the post	Leased (if Leased Expiration Did.) No. E. Other Other This request is for the rehan 1 mile away.	Quarters ste) 01/31/2016 Evicted? Yes Yes Classification of the Hoxie P 19. Administrative/Em Name WALNUT R Window Service Hours Lobby Hours PO Boxes Available 20. Nearest Post Offi	Annual No (if Yes, must vacate by) available? Yes Post Office from a Post Office nanating Office (Proposed) ENDGE PO EAS Level 1: Ce (if different from above) RIDGE PO EAS Level 1:	No No to a Branch of the Miles Away 1.7 SAT closed SAT 24 hrs
Postal Owned Postal Owned Poday cancellation clause? Yes Mocated in Business Home 6b. Explain he Hoxie Post Office is in a stand-alone buildir Valnut Ridge Post Office which is located less to the control of the	No E Other Og. This request is for the reman 1 mile away. Pervice Area No 10	Quarters stel 01/31/2016 Evicted? Yes Yes Classification of the Hoxie P 19. Administrative/Em Name WALNUT R Window Service Hours Lobby Hours PO Boxes Available 20, Nearest Post Offi	Annual No (if Yes, must vacate by) available? Yes Post Office from a Post Office nanating Office (Proposed) ENDGE PO EAS Level 1: Ce (if different from above) RIDGE PO EAS Level 1:	al Lease \$ 0 No to a Branch of the 8 Miles Away 1.7 SAT closed SAT 24 hrs
Postal Owned Yes Postal Owned Yes Nocated in Postal Owned Yes Home If the Hoxie Post Office is in a stand-alone buildir valnut Ridge Post Office which is located less to the post Office which is located l	No E Other Other No 10 The request is for the reman 1 mile away. Prvice Area No 10	Quarters stel 01/31/2016 Evicted? Yes Suitable alternate quarters: Classification of the Hoxie P 19. Administrative/Em Name WALNUT R Window Service Hours Lobby Hours PO Boxes Available: 20. Nearest Post Offi Name WALNUT F Window Service Hours Lobby Hours PO Boxes Available:	Annual No (if Yes, must vacate by) available? Yes Post Office from a Post Office in anating Office (Proposed) ENDGE PO EAS Level 1: Ce (if different from above) RIDGE PO EAS Level 1: Ce (if different from above) RIDGE PO EAS Level 1: RIDGE PO EAS Level 1: M-F 8.30 - 4.10 M-F 24 hrs	No No to a Branch of the 8 Miles Away 1.7 SAT closed SAT 24 hrs 8 Miles Away 1.7 SAT closed SAT 24 hrs
Postal Owned Postal Owned Postal Owned Yes Manual Ridge Post Office is in a stand-alone buildir Nalnut Ridge Post Office which is located less to 17. Schools, Churches and Organization in Science attached	No E Other Other No 10 The request is for the reman 1 mile away. Prvice Area No 10	Quarters ste) 01/31/2016 Evicted? Yes Suitable alternate quarters: classification of the Hoxie P 19. Administrative/Em Name WALNUT R Window Service Hours Lobby Hours PO Boxes Available 20. Nearest Post Offi Name WALNUT F Window Service Hours Lobby Hours PO Boxes Available Prepared by Signature JACK/E STUBITSCH	Annual No (if Yes, must vacate by) available? Yes Post Office from a Post Office in anating Office (Proposed) ENDGE PO EAS Level 1: Ce (if different from above) RIDGE PO EAS Level 1: Ce (if different from above) RIDGE PO EAS Level 1: RIDGE PO EAS Level 1: M-F 8.30 - 4.10 M-F 24 hrs	No to a Branch of the Miles Away 1.7 SAT closed SAT 24 hrs Miles Away 1.7 SAT closed



A. Office			State: AR	Zip Code:	72433
Name: HOXIE Area: SOUTHW	/F.ST	District:	ARKANSAS PFC		
Congressional Distri	ct: AR01	County:	LAWRENCE Finance Number:	044302	
EAS Grade:	16				
Post Office:	Classified Station		Classified Branch	CPC) _
	a de la la configuration of no	w service	tyne is complete.		
This form is a place	holder for number 19. And the verification of ne	SW SELVICE	type to complete.		
					05/40/004
Prepared by:	Jackie Stubitsch			Date:	05/12/201
Prepared by: Title:	Jackie Stubitsch ARKANSAS PFC Post Office Review Coordi	inator		Date:	05/12/201 (650) 577-5059



11/30/10

OIC/POSTMASTER

SUBJECT: HOXIE Post Office

Enclosed are questionnaires addressed to customers of the HOXIE Post Office. I have also enclosed additional copies of the questionnaires for any retail or other customer who wishes to complete one. Please furnish these questionnaires to retail customers upon request. All completed forms should be forwarded to my office by 12/16/10 for further review.

Jackie Stubitsch Post Office Review Coordinator Enclosures



11/30/2010

POSTAL CUSTOMER HOXIE POST OFFICE HOXIE, AR 72433

Dear Postal Service Customer:

As the Postal Service manager responsible for all Post Offices in your area, I would like your opinion concerning a possible change in the way your postal service is provided. The recommended change is tentative and will not lead to a formal proposal unless we conclude that it will provide a maximum degree of regular and effective service.

The Postmaster at the Hoxie Post Office was reassigned on 01/02/2010. The Office is being studied for possible closing or consolidation for the following reasons: POSTMASTER DOWNGRADED - within 5 miles of nearest office. Not discontinuing this office, reclassifying it as a Branch of Walnut Ridge

Briefly, we would like to provide pickup and delivery of your mail, as well as the sale of stamps and all other customary postal services, by classified branch emanating from the Walnut Ridge Post Office.

Retail services are also available at the Walnut Ridge Post Office, located 1.7 miles away. Hours of service at this office are 8:30 -4:10, Monday through Friday, and closed on Saturday. Post Office box service is available at this location at the same fees.

I invite you to think about a possible change to classified branch. Please return the enclosed questionnaire by 02/17/2011 using the pre-addressed envelope provided or at the community meeting.

You may, of course, want to discuss this form of service with us before drawing any conclusions. Postal representatives will be at the on Thursday, February 17, 2011 from to to answer questions and provide information about our service. You may wish to discuss and submit your questionnaire at that time.

If you have any questions, you may call Jackie Stubitsch at (501) 228-4171.

Thank you for your assistance.

Sincerely,

JOHN CONFER

Manager, Post Office Operations 420 Natural Resources Dr

Little Rock, AR, 72205-4100

Enclosures:

Questionnaire and return envelope Summary of Post Office Change Regulations, Carrier delivery information CBU information sheet (when appropriate)



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the HOXIE Post Office for each of the following:

	Pos	tal Services	Daily	Weekly	Monthly	Never				
	a.	Buying Stamps								
	b.	Mailing Letters								
	C.	Mailing Parcels								
	d.	Pick up Post Office box mail								
	e.	Pick up general delivery mail								
	f.	Buying money orders								
	g.	Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation								
	h.	Sending Express Mail								
	i,	Buying stamp-collecting material								
	Other Postal Services									
	a.	Entering permit mailings	YES	☐ NO						
	b.	Resetting/using postage meter	YES	NO						
	No	npostal Services								
	a.	Picking up government forms (such as tax forms)	YES	NO						
	b.	Using for school bus stop	YES	NO						
	C.	Assisting senior citizens, persons with disabilities, etc.	YES	NO						
		If yes, please explain:								
	d.	Using public bulletin board	YES	_ NO						
			YES	□ NO						
	e.	Other								
		If yes, please explain:	-							
2.	Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?									
			YES	NO						
		If yes, please explain:								



		Detter	Just as Good	No Opinion	Worse
		Better	-	,	
	If yes,	please explain:			
_	100	the following d	to you leave your community? (Ch	eck all that apply.) Where do you g	go to obtain these
S	or whi ervices	s?	to you leave your community t		
		Shopping			
		Personal needs			
Banking					
		Employment			
		Social needs			
		1 11	businesses in the community?		
I	Do you				
			to use them if the Post Office is d	iscontinued?	
	If yes,				
		Yes No)		
lir	ng Ad	ddress			
e:					
ess	S.				
pho	one:				

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

DOCKETNO.
ITEM NO.
PAGE

_	7243	3
4	22	
	1	



Please check the a	appropriate box to i	indicate whether	you use t	he Hoxie I	Post Office for each	of the following:
Postal Services		Daily	W	eekly	Monthly	Never
a. Buying stamps					X	
b. Mailing letters				Ø		
c. Mailing parcels					M	
d. Picking up Post	Office box mail	\boxtimes				
e. Buying money	orders					X
	tegistered mail, Ins nation, or Signatur	sured mail,				⊠ ≰
Other postal serv	ices:					
a. Entering permi	t mailings	Yes 🗌	No	abla		
b. Resetting/using	g postage meter	Yes 🗌	No	区		
Do you pass anoth personal needs?		itation during bus	siness hou	ırs while tr	aveling to or from wo	rk, or shopping,
If yes, which office	š:					
		***************************************	, aaa ah		apply.) Where do yo	AAAHIIII VYYY
Shopping	⊠					
Personal needs						
Banking		<u> </u>				
Employment	******					
Social needs	ft×1					

4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	·
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: HAROLD D AVSTILL (please print your name)
Add	ress: 1927 HWY 63B HOXIC
Tele	ress: 1927 HWY 63B HOXIC sphone number: 870-886-7849 Date: 14 OCT 10

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Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps				
b. Mailing letters			lacksquare	
c. Mailing parcels				
d. Picking up Post Office box	mail 🔲			
e. Buying money orders				9
f. Obtaining special services, i Certified mail, Registered m Delivery Confirmation, or Si	nail, Insured mail,			,
Confirmation				V
g. Sending Express Mail				
Other postal services:				
a. Entering permit mailings	Yes 🗌	No 🗹		
b. Resetting/using postage m	eter Yes 🗌	No D		
Do you pass another Post Office personal needs?	ce or Station during bus		eveling to or from wo	ork, or shopping.
If yes, which offices:		UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU		00000000000000000000000000000000000000
			Abhdalabhillillillillillillillilli	

For which of the following do yeservices?	^	y? (Check all that a	ipply.) Where do yo	u go to obtain th
Shopping 🔽	ponesbor	0		
Personal needs		***************************************	***************************************	
Banking		*****		
Employment				·····

Social needs



4.	4. Do you currently use local businesses in the community?	
	Yes 🗹	No 🗌
5.	 If you now receive carrier delivery or post office box service fror change to your delivery service. What would be your opinion al station, which will provide the same mailing services and be loc 	bout receiving service from a classified
	Just as Good ☑ No Opinion ☐ Unfavorable ☐	
6.	6. Following are comments I wish to make concerning the proposed chan	iges to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable proposal would have on the regularity or effectiveness of your postal. 	
	It. Other Comments Please provide any other views or information Service should consider in deciding whether to adopt the proposal	
	For additional comments, please add on a separate piece of paper and atta Thank you for taking the time to complete this questionnaire.	ch it to this form.
	Name: Judy Holder (please print/your name)	
Add	Address: 309 5 W BOOS	Hoxie
Tele	Telephone number: Date: ////	9/10

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1,	Please check the ap	propriate box to in	idicate v	whether	you use t	he Hoxie	Post Office for ea	ach of the follo	wing:
	Postal Services		D	aily	W	/eekly	Monthly	Neve	er .
	a. Buying stamps						\(\rightarrow\)		
	b. Mailing letters					Ø			
	c. Mailing parcels								2 liner a year
	d. Picking up Post C	Office box mail						X	J
	e. Buying money or	rders						Ø	
		gistered mail, Insu ation, or Signature	ired ma	ii,					1 time a year
	Other postal servic		V	—	ħŧ.				
	a. Entering permit r		Yes	_	No				
	b. Resetting/using p	oostage meter	Yes		No	Ø			
2.	Do you pass another personal needs?	Post Office or Sta		ring bus	iness ho	urs while tr No	_	work, or shop	ping, or for
	If yes, which offices:							***************************************	
3.	For which of the follo services?	wing do you leave	your α	ommuni	ty? (Che	ck all that a	apply.) Where do	you go to obta	ain these
	Shopping	8 _ W, R							
	Personal needs	M_W.R	· E						
	Banking	$\square \omega . \kappa$? 				· · · · · · · · · · · · · · · · · · ·		
	Employment	<u> </u>	Manager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					***************************************	
	Social needs								

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4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	•
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
	ne: Toe Whaley (please print your name)
Add	ress: _/737 /+wy 67-5 ephone number: /-870-886-3546 Date:
Tele	phone number: 1-870-886-3546 Date: 10-16-16

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	ð	2	_	
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Please check the a	ippropnate box to	indicate whether y	ou use the Hoxie i	Post Office for each	of the follow
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps					ÌΧ
b. Mailing letters					Þ
c. Mailing parcels					×
d. Picking up Post	Office box mail				×
e. Buying money	orders				×
	al services, includir legistered mail, Ins nation, or Signatur	sured mail,			
Confirmation	, ,				X
g. Sending Expres	s Mail				×
Other postal servi	ces:				
a. Entering permit	mailings	Yes 🗌	No 🔽		
b. Resetting/using	postage meter	Yes 🗌	No 🔀		
Do you pass anoth personal needs? If yes, which offices	Yes	s 🗖	No	aveling to or from wo	
				apply.) Where do yo	
services?	, , , , , , , , , , , , , , , , , , , ,		, - , - , - , - , - , - , - , - , - , -	, pp. 1777	
Shopping				MANAGEM MANAGE	PROBLEMENT
Personal needs				HIPPUP WAS ARREST OF THE STATE	masses and the state of the sta
Banking		Vermillingstaan met dat hill	16.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	H1Adduianno	
Employment					NO THE REAL PROPERTY OF THE PERSON OF THE PE
Social needs				SANGELUI	100000000000000000000000000000000000000

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4.	Do you currently use local businesses in the community?
	Yes ★ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ne: Shelia Bullard (please print your name)
Add	ress: 1451 Hwy 67, Hoxie, AR 72433
Tolo	phone number: \$10 8959 -1776 Date: 10 - 18 - 10

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps						
	b. Mailing letters		Ø				
	c. Mailing parcels						
	d.* Picking up Post (Office box mail					
	e. Buying money o	rders				9	
	f. Obtaining special Certified mail, Re Delivery Confirma Confirmation g. Sending Express	gistered mail, Ins ation, or Signature Mail	ured mail,		ઇ ઇ		
	Other postal service	es:					
	a. Entering permit r	mailings	Yes 🗌	No 🗓			
	b. Resetting/using	postage meter	Yes 🗀	No 🗆			
2.	personal needs?	Yes		No	raveling to or from wo	·	r fo i
3.	For which of the folloservices? Shopping Personal needs Banking Employment Social needs	_	storo almit Ridg hour hidg	/? (Check all that e k	apply.) Where do you	go to obtain the	se

4.	Do you currently use local businesses in the community?
	Yes 🔀 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	If we receive the mail the same and can
	If we receive the mail the same and can send out the same - fine -
	Everything has been O.K.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	We get 6 surveys but I am only filling one out -
Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Gayle Wardon (please pant your name)
Add	ress: HUS NW Texas on P. U. Bax 60
Tele	phone number:

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Please check the appropriate box to in-	licate whether y	ou use the Hoxie F	ost Office for each	of the follow
Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps				
b. Mailing letters				
c. Mailing parcels			母記を	<i>l</i> _
d. Picking up Post Office box mail			4	
e. Buying money orders			Th.	
Obtaining special services, including Certified mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation Sending Express Mail			<u></u>	
Other postal services:		·		
a. Entering permit mailings	Yes	No Th		
b. Resetting/using postage meter	Yes 🗆	No 🗆		
Do you pass another Post Office or Sta personal needs? Yes		ness hours while tra	aveling to or from wo	rk, or shopp
If yes, which offices:		Abhidda (Millianna a a millianna a millianna a a millianna a a millianna a millianna a a	·····	
5	A A A A A A A A A A A A A A A A A A A			
*			AAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	***************************************
For which of the following do you leave services?	your community	?? (Check all that a	ipply.) Where do you	etde ot og u
Shopping 🛱	Т			
Personal needs		UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU		APPARATE TO THE PARAMETER AND
Banking				
Employment L		±11.	The state of the s	
Social needs				



4.	Do you currently use local businesses in the community?
	Yes □ No 🏂
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	Service should consider in deciding whether to adopt the proposal.
	& leve deliching Doke At 4
	I tell thing yout here it en
	a here driving
	Herie port office is god for me
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: (Variable Day)
Add	ress: 614 por 51 # Dias popt 1)
Tele	phone number: Date:

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
	Postal Services	Daily	Weekly	Monthly	Never			
	a. Buying stamps							
	b. Mailing letters		Ø					
	c. Mailing parcels							
	d. Picking up Post Office box ma	ii 🗆						
	e. Buying money orders							
	Obtaining special services, incl Certified mail, Registered mail Delivery Confirmation, or Signs Confirmation Sending Express Mail	, Insured mail,						
	Other postal services:		,,					
	a. Entering permit mailings	Yes 🔲	No I					
	b. Resetting/using postage mete	r Yes 🗌	No 🖪					
2.	Do you pass another Post Office opersonal needs?	or Station during busi	ness hours while tra		ork, or shopping, or fo			
	If yes, which offices: Walne	ut Ridge						
3.	Personal needs Banking Employment	Walnut Rid	ge/Jo					
	Social needs							



4.	Do you currently use local businesses in the community?
	Yes ₩ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
	dust as Good of No Opinion C Dinavorable C
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	control of all of the control of the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: SARA Gilliam (please print your name)
Add	ress: 523 SE 3rd, Hoxie, AR 72433
	phone number: 870-886-7711 Date: 10-20-10

 Please check the a 	appropriate box to	indicate whether	you use th	e Hoxie F	Post Office for each	of the following:
Postal Services		Daily	We	ekly	Monthly	Never
a. Buying stamps						
b. Mailing letters					D	
c. Mailing parcels	â					a
d. Picking up Post	Office box mail					
e. Buying money	orders				, and a second	B
	Registered mail, Ins nation, or Signatur	sured mail,				2 *
Other postal serv		_				
a. Entering permi	t mailings	Yes	No	3		
b. Resetting/using	g postage meter	Yes 🗹	No			
Do you pass anoth personal needs?		itation during bus	siness hour	s while tra	aveling to or from wo	rk, or shopping, o
If wee which office		****				
reyes, missi unice					And Annual Property of the Control o	
						HHES
. For which of the fol services?	llowing do you leav	ve your communi	ty? (Checl	all that a	apply.) Where do yo	u go to obtain thes
Shopping						·
Personal needs					AAAmmaa	Or. Ca. Labella Constitution
Banking		aville				ALL CHILLIANS AND
Employment	D Bates	eville		·		
Social needs						



4. Do you currently use local businesses in the community?

Yes 🏿

5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good @ No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	•
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Kennuth W Holder (please print your name)
	ress: 306 E Walrout St #20xie
Tele	phone number: 810 579 9488 Date: 10-25-10

No 🔲

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Postal Services		Daily	We	ekiy	Monthly	Never
a. Buying stamps					☑	
b. Mailing letters					W	
c. Mailing parcels						W
d. Picking up Post Offic	ce box mail					
e. Buying money orde	rs					
f. Obtaining special sec Certified mail, Regis Delivery Confirmatio Confirmation g. Sending Express Ma	tered mail, Insi n, or Signature	ured mail,				
g. Soliding Exp. 350 in	a.,	_				Å ≃
Other postal services	*			_		
a. Entering permit mai	lings	Yes □				
b. Resetting/using pos	stage meter	Yes 🗌	No			
		مريط ممانين المرمدان	iness haui	s while tra	veling to or from wo	rk orehonni
personal needs?	Yes			No		
	Yes			No		
personal needs? If yes, which offices: For which of the following services?	Yes	e your communit	ly? (Chec	No	pply.) Where do you	
personal needs? If yes, which offices: For which of the following services?	Yes		ly? (Chec	No	pply.) Where do you	
personal needs? If yes, which offices: For which of the following services? Shopping	Yes	e your communit	ty? (Chec	No	pply.) Where do you	
personal needs? If yes, which offices: For which of the following services? Shopping [] Personal needs []	Yes	e your communit	ty? (Chec	No least that a	pply.) Where do you	
personal needs? If yes, which offices: For which of the following services? Shopping [] Personal needs []	Yes	e your communit	ty? (Chec	No l	pply.) Where do you	



4.	Do you currently use local businesses in the community?
	Yes No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
200-	
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	RICIA LEWIS
	(please print your name)
Add	ress: d630 JE FRONTST. HOXIE
Tala	whom number (801) (37-359)

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Please check the a	appropriate box to i	indicate whether	you use th	e Moxie i	ost Uttice for each	of the follow
Postal Services		Daily	We	ekly	Monthly	Neve
a. Buying stamps					X	
b. Mailing letters					Σ	
c. Mailing parcels						X
d. Picking up Post	Office box mail					X
e. Buying money	orders					X]
Delivery Confirm	al services, includir Registered mail, Ins nation, or Signatur	sured mail, e		-		_
Confirmation						∇
g. Sending Expres	ss Mail					À
Other postal serv	ices:					
a. Entering permi	t mailings	Yes 🗌	No	V		
b. Resetting/using	g postage meter	Yes 🗌	No	X		
Do you pass anoth personal needs?		tation during bus	iness hou	s while tra	aveling to or from wo	irk, or shop
If yes, which office:	s:	addinantes			AAAHHIIDAAAHHIIDAAAAHHIIDAAAA	
					apply.) Where do yo	,
Shopping	Q	Janes	ore_		yyuuuuu taa aa	
Personal needs	X	1 Etal		<u>₹</u> '	Walnut or	lidge
Banking	A	4 dial	ma	1	Walnut K	idas
Employment	N		Elice	nnim		<u> </u>
Social needs	(72)		Lagie			



4.	Do you currently use local businesses in the community?
	Yes ☐ No ②
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ဩ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: 80 9 MAPLE ST 110X1E-AR 72433 phone number: 8841938 Date: 10-18-2019
Add	ess: 809 MAPLE ST HOXIE-AR 72433
Tele	phone number: 8841938 Date: 10-18-2019

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Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps			⋈		
b. Mailing letters			X		
c. Mailing parcels					₽
d. Picking up Post	Office box mail				₽.
e. Buying money	orders				X
	al services, includir Registered mail, Ins nation, or Signatur	ured mail,			.
g. Sending Expres	s Mail			×	
Other postal servi		Yes □	No ∑		
b. Resetting/using	-	Yes	No ☑		
If yes, which office:	Yes S: Walnu	Roya	, Jones!	Pour Ray	ce et
services?	•	·	•	**************************************	
Shopping		nesba	<u> </u>		
Personal needs	>	AMMINITER TO THE STATE OF THE S			44499
Banking					
Employment	B mif	المه موا	hospit	<u> </u>	
Social needs		<u> </u>	\$		<u> </u>



4.	Do you currently use local businesses in the community?
	Yes ⋈ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. Out would be a change and had to get used to.
	resed to.
	A.
ı	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: 1606 SW MAPLE
Ádd	ress: 1606 SW MAPLE
	phone number: 886 - 7466 Date: 10 - 19 - 10

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b. N	Buying stamps		Weekly	Monthly	Never
				匠	
c. N	Mailing letters		Ø		
	failing parcels		. 🗖	回	
d. F	Picking up Post Office box mail	g			
e. I	Buying money orders				면
C	btaining special services, includi Certified mail, Registered mail, In Delivery Confirmation, or Signatu	sured mail,			
	Confirmation			9	
g. S	Sending Express Mail				⊡
Othe	er postal services:				
a. I	Entering permit mailings	Yes 🗌	No 🗹		
b. I	Resetting/using postage meter	Yes 🗌	No 🔟		
	vou pass another Post Office or sonal needs?	Station during bus	iness hours while tra		rk, or shopp
lf ye	s, which offices: WALNUT	RIDGE POST	OFFICE		<u> </u>



4.	Do you currently use local businesses in the community?
	Yes No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	(please print your name)
Add	ess: PO Box 65 Hoxie AR 72433
Tele	phone number: 870-886-3239 Date: 10/19/10



4.	Do you currently use local businesses in the community?
	Yes No
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	I DON'T SEE ANY PROBLEM
	· · · · · · · · · · · · · · · · · · ·
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	DITHIN 2 MILES OF EACH OTHER.
	ر ب ب
	additional comments, please add on a separate piece of paper and attach it to this form. Ink you for taking the time to complete this questionnaire.
Nar	ne: LARRY FORRESTER
Ado	dress: 105 NW RAVDOLPM

Telephone number: 870-759-13/5 Date: 10-19-10

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following			of the following:	
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps				Þ
	b. Mailing letters				P)
	c. Mailing parcels				A A A
	d. Picking up Post Office box mail				×
	e. Buying money orders				×
	Obtaining special services, including Certified mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation Sending Express Mail				À T
	Other postal services:		\ .		
	a. Entering permit mailings	Yes 🗌	No No		
	b. Resetting/using postage meter	Yes 🗌	No 💢		
2.	Do you pass another Post Office or Sta personal needs?	_	iness hours while tra	veling to or from wo	ork, or shopping, or for
	If yes, which offices:				
3.	For which of the following do you leave services? Shopping				u go to obtain these
			AAAAIIIIIJUuu	AAAIIIIII AAAIIIII	
	VIII		AHIIIII QUUMAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		

	Social needs	***************************************			A CONTRACTOR OF THE PROPERTY O

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riease check the a	ppropriate box to i	indicate whether yo	u use the noxie r	rost Office for each o	or the following:	
Postal Services		Daily	Weekly	Monthly	Never	
a. Buying stamps					V	
b. Mailing letters						
c. Mailing parcels					4	
d. Picking up Post	Office box mail				Image: section of the content of the	
e. Buying money	orders				₽	
Certified mail, R Delivery Confirm	f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature					
Confirmation						
g. Sending Expres	s Mail					
Other postal servi	ces;					
a. Entering permit	mailings	Yes 🗌	No 🖃			
b. Resetting/using	postage meter	Yes 🗌	No 🗗			
Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or personal needs? Yes No						
If yes, which offices	: WALNU	T Ridge	Post	office		
	~//···	7				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					···	
For which of the foll services?	owing do you leav	ve your community?	(Check all that a	ipply.) Where do you	go to obtain the	
Shopping	W WAL	NUTRIDAR	; Jones	born		
Personal needs	<u> </u>	,, 0				
Banking U))				
Employment	- Reti					
Social needs	· D					

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	·
4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	There would be no change for me. It get most
	There would be no change for me. It get most
7	part office.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
	ne: Ros E TTA Duc Kwa RTH (please print your name)
Add	ress: 6/4 SE Pine ApT. 5 sphone number (876) 637-3283 Date: 10-19-10
Tele	phone number (876) 637- 2283 Date: 16-19-10

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Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps				$\mathbf{\Xi}'$	
b. Mailing letters				\square	
c. Mailing parcels					
d. Picking up Pos	t Office box mail				IJ∕
e. Buying money	orders				☑
f. Obtaining speci- Certified mail, f Delivery Confin					
Confirmation				. 🗖	回
g. Sending Expres	ss Mail				
Other postal serv	ices:		,		
a. Entering permi	t mailings	Yes 🗌	No 🗗		
b. Resetting/using	g postage meter	Yes 🗌	No 🗗		
Do you pass anoth personal needs?		tation during bus	iness hours while tra	_	ork, or shopp
If yes, which office	s: <u>Portia</u>		and the second s		
For which of the fo	flowing do you leav	e your communit	iy? (Check all that a	pply.) Where do yo	u go to obtai
Shopping	Done	sboro			
Personal needs					
Banking			~		
Employment	o Clover	Bend			



4,	Do you currently use local businesses in the community?
	Yes ☐ No ☑
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
	Just as Good 🖂 No Opinion 📋 Onfavorable 📋
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	I don't have an issue with our
	postal service, the only thing is
	that we get a bunch of main that
	postal service, the only thing is that we get a bunch of mail that doesn't belong to us.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. I feel like only the post office Khows what is best because yail Know what goes into delivering ment.
Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Jessica Langston (please print your name)
Add	ress: 208 NF Znd St. ADt. A HOXILIAR 72433
Tele	phone number: 809-1407 Date: 10/19/10

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:					
	Postal Services		Daily	Weekly	Monthly	Never
	a. Buying stamps					u
	b. Mailing letters				P	
	c. Mailing parcels					回
	d. Picking up Post C	Office box mail				D
	e. Buying money or	ders				B/
		gistered mail, Insu ation, or Signature	ired mail,			
	Other postal servic	es:		,		
	a. Entering permit r	nailings	Yes 🗌	No 🗹		
	b. Resetting/using p	oostage meter	Yes 🗌	No B		
2.	Do you pass another Post Office or Star personal needs?		H	No [or shopping, or for
	If yes, which offices:	Welnut	Rulge	+ Bono	portal	
3.	For which of the follo services?			y? (Check all that ap	ply.) Where do you g	o to obtain these
	Shopping	I foren	low of	Sathonto		
	Personal needs	I Ames	Loso .	+ Poths	tor	
	Banking			M	AAAAAMINAAAAMINIIII AAAAAMINIII AAAAAAMINIII AAAAAAMINIII AAAAAAAAAA	
	Employment		*			obb manner.
	Social needs	1 Jone	storo	*		



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	NONC
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
Ö	an't get any Sentices until 8:30 - 9:00 Am.
j.	or to get any Sentrees until 8:30 - 3:00 Am. to closed on Saturdays, so I use Walnut Ridge ortal services, its open 12 day on Saturdays.
K	ortol survey, its offer, I am
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	res: <u>CECI M. MANKEY</u> (please print your name) ress: <u>400 N.W. PANDOLPH ST. HOY'E</u> phone number: <u>809-1894</u> Date: <u>10-19-10</u>
Addi	ess: 400 N.W. RANDOLPH ST. HOY'E
Tele	phone number: 809-1894 Date: 10-19-10

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i. Flease Gleck	ine appropriate box to	indicate whether yo	ou use th e noxie P	ost Office for each	of the following:
Postal Servic	es	Daily	Weekly	Monthly	Never
a. Buying star	nps				
b. Mailing lette	ers				
c. Mailing par	cels				4
d. Picking up	Post Office box mail				
e. Buying mo	ney orders				B
Certified ma	pecial services, includi ail, Registered mail, In infirmation, or Signatui n	sured mail,			
g. Sending Ex	press Mail				D
•	ermit mailings using postage meter nother Post Office or S s? Ye	s M	No No No No No Dood of		ork, or shopping, or for Your Post
S. For which of the services? Shopping Personal need Banking Employment Social needs	O	5 ams	? (Check all that ap		u go to obtain these



4.	Do you currently use local businesses in the community?
	Yes U No [
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	The: $\frac{1ERi}{(\text{please print your name})}$ (please print your name)
Add	ress: 405 S.W. BRoad St
Tele	phone number: 870-637-4792 Date: 10/17/10

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Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
Postal Services		Daily	V	Veekly	Monthly	Never	
a. Buying stamps							
b. Mailing letters		X					
c. Mailing parcels					X		
d. Picking up Post	Office box mail	Ø					
e. Buying money	orders				X		
	al services, includin Registered mail, Ins nation, or Signature	sured mail,					
Confirmation					X		
g. Sending Expres	ss Mail				X		
	ices:						
Other postal serv							
Other postal serv a. Entering permi	t mailings	Yes 🗌	No	X			
·	-	Yes	No No	X X			
a. Entering permi b. Resetting/using	g postage meter er Post Office or S Yes	Yes ☐ tation during bus	No iness ho	☑ urs while tra No	×	n work, or shopping	
a. Entering permib. Resetting/usingDo you pass anoth personal needs?	g postage meter er Post Office or S Yes	Yes ☐ tation during bus	No iness ho	⊠ urs while tra No	×		
a. Entering permit b. Resetting/using Do you pass anoth personal needs? If yes, which office	g postage meter er Post Office or S Yes s:	Yes tation during bus	No iness hor	urs while tra	×		
a. Entering permit b. Resetting/using Do you pass anoth personal needs? If yes, which office	g postage meter er Post Office or S Yes s:	Yes tation during bus	No iness hor	urs while tra	apply.) Where d		
a. Entering permit b. Resetting/using Do you pass anoth personal needs? If yes, which office For which of the forservices?	g postage meter er Post Office or S Yes s:	Yes tation during bus	No iness hor	urs while tra	apply.) Where d	o you go to obtain th	
a. Entering permit b. Resetting/using Do you pass anoth personal needs? If yes, which office For which of the forservices? Shopping	g postage meter er Post Office or S Yes s:	Yes tation during bus	No iness hor	urs while tra	apply.) Where d	o you go to obtain th	
a. Entering permit b. Resetting/using Do you pass anoth personal needs? If yes, which office For which of the forservices? Shopping Personal needs	g postage meter er Post Office or S Yes s:	Yes tation during bus	No iness hor	urs while tra	apply.) Where d	o you go to obtain th	

4.	Do you currently use local businesses in the community?
	Yes ☒ No ☐
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
u.	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. **TOTAL** TOTAL**
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. **The Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
Tha Nan Add	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire. ne: (please print your name) (please print your name) (please print your name) (please print your name)

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Please check the	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
Postal Services		Daily	W	/eekly	Monthly	Neve r		
a. Buying stamps	3					\bar{\bar{\bar{\bar{\bar{\bar{\bar{		
b. Mailing letters				M				
c. Mailing parcel	3					Ø		
d. Picking up Pos	st Office box mail					Ø		
e. Buying money	orders					9		
Certified mail,	ial services, includin Registered mail, Ins mation, or Signature	ured mail,						
Confirmation	manuff of Signature					⋝		
g. Sending Expre	ess Mail					D		
Other postal ser	vices:							
a. Entering perm	it mailings	Yes 🗌	No	ব				
b. Resetting/usir	ig postage meter	Yes 🗌	No	攻				
personal needs?	Yes			No	Þ.			
3. For which of the for services? Shopping	ollowing do you leav	e your communit	ty? (Che	ck all that a	apply.) Where do yo	u go to obtain these		
Personal needs	A _ Jon	lesboro,	HK					
Banking		- \ A\	10)				
Employment	<u> </u>	res bovo	1 A/			ACCOUNTS AND ASSESSMENT OF THE SECOND ASSESSME		
Social needs	X ON	res and	/ ISY C	<u> </u>	aaammaaa aa a	-		

4.	Do you currently use local businesses in the community?
	Yes □ No No
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good → No Opinion □ Unfavorable □
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	None
	••
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	·
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
	1 am Alahatt
Nan	(please print your name)
Add	ress: 1145 Midway Road
Tele	ophone number: 870-88658/5 Date: 10-18-10

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1.	riease check the appropriate box to indicate whether you use the noxie Post Office for each of the following:								g:
	Postal Services		Daily	W	eekly	Mor	nthly	Never	
	a. Buying stamps					ļ	U		
	b. Mailing letters						II .		
	c. Mailing parcels								
	d. Picking up Post C	Office box mail							
	e. Buying money or	ders				ţ			
	f. Obtaining special Certified mail, Re Delivery Confirma	gistered mail, Ins	ured mail,						
	Confirmation					1			
	g. Sending Express	Mail							
	Other postal service								
	a. Entering permit n	nailings	Yes 🔟	No	مليا				
	b. Resetting/using p	ostage meter	Yes 🗌	No					
2.	Do you pass another personal needs?	tation during bus	iness hou	ırs while tra No	_	or from wo	ork, or shoppin	g, or for	
	If yes, which offices:	······································							
3.	For which of the follo services?		•	,			-	_	these
	Shopping	W Jorna	sbowar	/wa	elnut	Ria	ge a	<u> </u>	
	Personal needs		<i>(</i>)	<i>1</i>			<i>V</i>		
	Banking	1 g or	resboro,	an				Marie Control of the	
	Employment								
	Social needs	W Jon	esbors,	ar	$-/- \downarrow$	Vals	aut i	Ridge, a	r



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
	TES DE NO L
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	•
	ş
	• .
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	Have a working Stamp machine to purchase postage Stamps
	to burgham materia Stampal
	a puanase postage orange
	
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
	1.1 1.
Nan	ne: LIDA LINKET (please print your name)
Add	ress: 104 SE4th
Tele	phone number: 870 886 5694 Date: 10 - 20 - 10

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1.	Please check the a	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
	Postal Services		Daily	Weekly	Monthly	Never		
	a. Buying stamps							
	b. Mailing letters							
	c. Mailing parcels			N				
	d. Picking up Post	Office box mail						
	e. Buying money o	orders						
		egistered mail, Ins nation, or Signatur	sured mail,					
	Other postal servi							
	a. Entering permit	mailings	Yes 🗌	No 🗊				
	b. Resetting/using	postage meter	Yes 🗌	No 🔽				
2.	Do you pass anothe personal needs?		tation during bus	siness hours while tra		ork, or shopping, or fo		
	If yes, which offices					***		

	Account of the Control of the Contro	AND THE PROPERTY OF THE PROPER				,		
3.	For which of the foll services?	lowing do you leav	e your communi	ty? (Check all that a	pply.) Where do yo	u go to obtain these		
	Shopping							
	Personal needs			HIIII 		****		
	Banking			The state of the s				
	Employment							
	Social needs							



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form.
ınar	nk you for taking the time to complete this questionnaire.
Nam	res: Steve Hopkus (please print your name) ress: 33.3 B Ringle St Hoxie at 7243?
Addı	ress: 333 B Ringle St Hoxie as 72433
Tele	phone number: Date: <u>10-20-</u> 10

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1.	Please check the appropriate box to indicate whether you use the Hoxfe Post Office for each of the following:						
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps				X		
	b. Mailing letters			\mathbf{N}			
	c. Mailing parcels				Ø	\Box	
	d. Picking up Post	Office box mail				X	
	e. Buying money	orders				Ø	
		egistered mail, Ins nation, or Signature	ured mail,			X I X I	
	Other postal servi	ces:					
	a. Entering permit	mailings	Yes 🗌	No 🗵			
	b. Resetting/using	postage meter	Yes 🗌	No 🔼			
2.	Do you pass anothor personal needs?	er Post Office or St	_		raveling to or from wo	irk, or sh oppin g,	or fo
	If yes, which offices Well The 10a	nut Ridge	e poty	für p	3 blocks of	73	
3.	For which of the fol services?	lowing do you leav	e your commun	ity? (Check all that	apply.) Where do yo	u go to obtain the	ese
	Shopping	2		hhidamuyyyyhaanaa aa a	······································		
	Personal needs	4	· · · · · · · · · · · · · · · · · · ·	ham had had been been been been been been been bee	Addition Add	······································	
	Banking			HILLING AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		HRAAA AMAAA AM	
	Employment	\sqrt{1}					
	Social needs				HIII-AAAA (IIII)	***************************************	



4.	Do you currently use local businesses in the community?
	Yes R No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ne: Mary itto (please print your name)
Addı	ress: 418 SUBroad HOXIC 72433
Tala	phono number 886-1005 Poto: 12-16-10

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1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:								
	Postal Services		Daily	W	eekly	Monthly	Never	
	a. Buying stamps					12		
	b. Mailing letters				X			
	c. Mailing parcels						区	
	d. Picking up Post 0	Office box mail					\square	
	e. Buying money or	rders					\B	
	f. Obtaining special Certified mail, Re Delivery Confirma Confirmation	gistered mail, Insi ation, or Signature	ured mail,				<u>.</u>	
	g. Sending Express	Mail				Ы		
	Other postal service	es:						
	a. Entering permit r	mailings	Yes 🗌	No			, .	
	b. Resetting/using	postage meter	Yes 🔲	No	\boxtimes			
2.	Do you pass another personal needs?			iness hou		_	rk, or shopping, or fo	or
		Yes			No	• •		
	If yes, which offices:							
							•	
3.	For which of the follo services?		-	• , .	tk all that a	apply.) Where do you	.i go to obtain these	
	Shopping		nester	O				. 0
	Personal needs		octors	<u> </u>	PP-S	Journal on	Tittle los	` ~
	Banking	- May	1s by	Post	office	ein Hox	ie	
	Employment	□ <u>< </u>	m on	<u>dis</u>	aliled	<u> 5 ocial s</u>	ecuty	
	Social needs	N Alati	نا بر کرسارجیں	(). L	.V.Lla	en / Ame	slur	



4.	Do you currently use local businesses in the community?
	Yes 🔼 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ৄ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	my service is great!
	• .
	•
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	N/A
	\cdot .
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: $\frac{HAUE}{(\text{please print your name})}$ $\frac{HAUE}{(\text{please print your name})}$ $\frac{1}{2}$ $$
Add	ress: 25/0 SE. Front ST.
Tele	phone number: 870-844-0227 Date: 10-21-10



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier plivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Godd No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	a south a second of the second
	and end \
	additional comments, please add on a separate piece of paper and littache to this form. Ink you for taking the time to complete this questionnation.
	20x680000
Nar	ne: Jonnie JavidSon (please print your name)
Add	ress: 315 S.W. Randolph
Teie	ephone number: Date:
	87-637-381-0 TO-19-10

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Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps			X	
o. Mailing letters				X
c. Mailing parcels				X W
Picking up Post Office box mail				*
a. Buying money orders				40
Obtaining special services, including Certified mail, Registered mail, Institution, or Signatur	sured mail,			, ,
Confirmation				7
g. Sending Express Mail				Æ
Other postal services:				
a. Entering permit mailings	Yes	No 🚺		
o. Resetting/using postage meter	Yes 🗌	No 🛨		
**************************************		V400		
	re your communit	y? (Check all that ap	pply.) Where do yo	ou go to obtain th
services?	re your communit	y? (Check all that a	pply.) Where do y	ou go to obtain th
Shopping	re your communit	y? (Check all that a	pply.) Where do yo	ou go to obtain th
Shopping Personal needs	re your communit	y? (Check all that a	pply.) Where do y	ou go to obtain th
Services? Shopping Personal needs Sanking	re your communit	y? (Check all that a	pply.) Where do y	ou go to obtain th
Services? Shopping Personal needs Banking Employment	re your communit	y? (Check all that a	pply.) Where do yo	ou go to obtain th
Services? Shopping Personal needs Banking Employment	re your communit	y? (Check all that a	pply.) Where do yo	ou go to obtain th
Services? Shopping Personal needs Banking Employment	nesbo nosbo os bo resbo	no no no no	wo C s	·inno(
For which of the following do you leave services? Shopping Personal needs Banking Employment Social needs	nesbo nosbo os bo resbo	ro ro ro ro ro ro ro ro ro ro ro ro ro r	wo C s	inno(

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1.	Please check the	appropriate box to	indicate whether	you use the	Hoxie F	ost Office for each	of the following:	
	Postal Services		Daily	Wed	ekly	Monthly	Never	
	a. Buying stamps			ĺ	1	×		
	b. Mailing letters			[A		
	c. Mailing parcels			[
	d. Picking up Post	Office box mail		[a rome d	í/
	e. Buying money	orders		[- rome &	um
		al services, includir Registered mail, Ins nation, or Signatur	sured mail,	[П		
	g. Sending Expres	ss Mail	П		7	П		
	3,		•	**		_	Provent	
	Other postal serv	ices:						
	a. Entering permi	t mailings	Yes 🗌	No [
	b. Resetting/using	g postage meter	Yes 🗌	No []			
2.	Do you pass anoth personal needs?		tation during bus	iness hours	while tra		rk, or shopping, or for	
	If yes, which office	s :		**************************************				
3.	For which of the fo services?	llowing do you leav	re your communit	y? (Check	all that a	apply.) Where do yo	u go to obtain these	
	Shopping		A MINIMIPOR TO THE PARTY OF THE	*************************************	······································	**************************************		
	Personal needs						Allensou Ulliman appropriation and a second	
	Banking					**************************************		
	Employment		· · · · · · · · · · · · · · · · · · ·					
	Social needs							

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4.	Do you currently use local businesses in the community?
,,	Yes □ No ⊠
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
Tha	additional comments, please add on a separate piece of paper and attach it to this form. Ink you for taking the time to complete this questionnaire.
Nar	ne: $MAR9$, e L D 1995 (please print your name)
Ado	Iress: 1412 S.W. MATTER HOXIE, HRK.
Tele	ephone number: 870 - 786-2528 Date: 10-18-10

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 Please check the 	e appropriate box to	indicate whether	you use the Hox	ie Post Office for eac	ch of the following:
Postal Services	S	Daily	Weekly	Monthly	Never
a. Buying stamp	os			$ abla\!$	
b. Mailing letters	3			ISZ	
c. Mailing parce	ls			図	
d. Picking up Po	ost Office box mail				Ø
e. Buying mone	ey orders				
Certified mail	cial services, includir , Registered mail, Ins îrmation, or Signatur	sured mail,			囡
g. Sending Expr	ess Mail				
Other postal se	rvices:	ž	,		
a. Entering peri	mit mailings	Yes 🗌	No ☑		
b. Resetting/us	ing postage meter	Yes 🗌	No 🖸		
Do you pass and personal needs?	•	Station during bus		e traveling to or from v	work, or shopping, or fo
If yes, which offic	ces:				

				at apply.) Where do	you go to obtain these
Shopping	′				
Personal needs	₽		IUIIIIIAAAAA		
Banking				· · · · · · · · · · · · · · · · · · ·	
Employment		**************************************			
Social needs		hhtti Walliania			



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	·
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: MARY DWNIVANT
Add	ress: 209 Towne 5. Hoxie, Ar. 72.433
	pohone number: Date: 10 - 20 - 40

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ı.	riease check the ap	propriate box to it	lowate whether	you use the noxie i	ost Office for each	of the following:
	Postal Services		Daily	Weekly	Monthly	Never
	a. Buying stamps				ď	
	b. Mailing letters				□ /	
	c. Mailing parcels					₽ [^]
	d. Picking up Post C	Office box mail				
	e. Buying money or	rders			M	
	f. Obtaining special Certified mail, Re Delivery Confirma	gistered mail, Ins	ured mail,		-	
	Confirmation		L_1			ш ₂
	g. Sending Express	Mail				Y
	Other postal service	es:				
	a. Entering permit r	mailings	Yes 🗌	No 💟		
	b. Resetting/using	oostage meter	Yes 🗌	No 🔽		
2.	Do you pass another personal needs? If yes, which offices:	Post Office or St Yes Walnut	/	No		rk, or shopping, or for
3.	For which of the folloservices? Shopping Personal needs Banking Employment	Jon	esboro, f	Ir.		
	Social needs	A JOVE	Es Doro, A			** '



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	•	
4.	Do you currently use local businesses in the community?	
	Yes V	
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be n change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?	
i	Just as Good W No Opinion Unfavorable	
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. 	
	" Marl	
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.	
	Nord As long as I get my mil	
	as horas as a government	
	dditional comments, please add on a separate piece of paper and attach it to this form. k you for taking the time to complete this questionnaire.	
Nan	e: Mary Presley (please print your name)	
	(please print your name) pess: 503 N.E. 2 5t, Hoxie, AR. 72433	
Tele	hone number: 870-637-5416 Date: 10-19-10	

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. Please	check the appropriate box to	indicate whether y	you use the Hoxie P	Post Office for each	of the following
Postal	Services	Daily	Weekly	Monthly	Never
a. Buyi	ing stamps		-		
b. Mail	ing letters				
c. Maili	ing parcels				
d. Pick	ing up Post Office box mail				
e. Buy	ring money orders				
Cert Deliv Cont	ining special services, includi ified mail, Registered mail, In very Confirmation, or Signatur firmation ding Express Mail	sured mail,			
Other p	postal services:				
a. Ente	ering permit mailings	Yes 🗌	No D		
b. Res	etting/using postage meter	Yes 🗌	No D		
persona	pass another Post Office or Sal needs? Ye vhich offices: LLCLN	Station during busing surface Ridge	No	_	
services Shoppir	ng IZ Jos al needs IZ Jos IZ Wo	ve your communit nes boro nes boro ulnut-R:0	(mall,	Sams, K	(roger)
Social n	eeds				



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	As long as our mail service would not
	Change I do not see a problem. If it would save money without changing
	would save money without changing
	Service it is a great iclea.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	The person who carries mail in our
	neighbor hood seems to waste a lot of
	neighbor hood seems to waste a lot of time and gass running back and forth down the road.
	down the road.
	additional comments, please add on a separate piece of paper and attach it to this form. It you for taking the time to complete this questionnaire.
Nam	e: Brittany word (please print your name)
	ess: 213 SE Gibson
Tele	phone number: 870-759-0282 Date: 10-19-10

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Postal Services		Daily	Weekiy	Monthly	Never
a. Buying stamps	•				V
b. Mailing letters			I was		$\mathbf{\nabla}$
c. Mailing parcels					¥
d. Picking up Post	Office box mail				Y
e. Buying money	orders				3
	if services, includin egistered mail, Ins nation, or Signature	ured mail,	П	П	™
g. Sending Expres	s Mail				₫′
Other postal servi	ces:				
a. Entering permit	mailings	Yes 🗌	No 🗹		* ,^
b. Resetting/using	postage meter	Yes 🗌	No 🖼		
Do you pass anoth personal needs?		tation during bus	siness hours while tra	-	ork, or shopping,
If yes, which offices	Portio	Dast.	~en_	3440AA	
if yes, which onces	· _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				*

For which of the fol services?	lowing do you leav	e your communi	ty? (Check all that a	pply.) Where do yo	u go to obtain the
Shopping	B Q	thorast	- Oronsh	عو	· · · · · · · · · · · · · · · · · · ·
Personal needs	Y	***************************************			>
Banking	Y	hhitaminining papa		AAAAA IIII III III II II II II II II II	шшшштүүүү
Employment		pppppp			pp
			1		



4.	Do you currently use local businesses in the community?
	Yes ☐ No ☑
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
.	Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Glenda Smith (please print your name)
Add	ress: 415 NW Lawrence Horie Ar 72433
Tele	phone number: Date: \\D

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1.	1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following			of the following:		
	Postal Services	Daily	Weekly	Monthly/	Never	
	a. Buying stamps					
	b. Mailing letters			۵		
	c. Mailing parcels				d /	
	d. Picking up Post Office box mail					
	e. Buying money orders					
	 f. Obtaining special services, including Certified mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation 					
	g. Sending Express Mail				b	
	Other postal services:					
	a. Entering permit mailings	Yes □	No 🖸 /			
	b. Resetting/using postage meter	Yes	No .	4		
2.	Do you pass another Post Office or Sta personal needs? Yes		iness hours while tra		k, or shopping, or fo	
	If yes, which offices:					
					Abbillion	
3.	For which of the following do you leave services?	your communi	ty? (Check all that ap	oply.) Where do you	go to obtain these	
	Shopping	Abbillioppip	AAAAAMIIIII AAAAAMIII AAAAAAAAAAAAAAAAA	Mildhan Anna Anna Anna Anna Anna Anna Anna A	· · · · · · · · · · · · · · · · · · ·	
	Personal needs	UUVUIIIIAAAA				
	Banking 🔲	DADAMINI AADAMINI AAD		The state of the s	MIHHIII 1000	
	Employment	A A A A A A A A A A A A A A A A A A A		A A A A A A A A A A A A A A A A A A A		
	Social needs					



	/	
4.	Do you currently use local businesses in the com-	munity?
	Yes	No 🗆
5.	change to your delivery service. What would	ice box service from the Hoxie Post Office, there will be no be your opinion about receiving service from a classified services and be located at the same location?
	Just as Good	Unfavorable .
6.	Following are comments I wish to make concerning	ng the proposed changes to the Hoxie Post Office.
	Effect on Your Postal Services Describe a proposal would have on the regularity or effective.	ny favorable or unfavorable effects you believe the ctiveness of your postal services.
	, ,	
		1
	II. Other Comments Please provide any other Service should consider in deciding whether t	

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name:

(please post your name)

Address:

Telephone number: 970-98

//(____

Date: 10-11-2010

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Please check the a	ippropriate box to i	ndicate whether	you use the moxie F	rost Office for each	of the follow
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps					X
b. Mailing letters					
c. Mailing parcels					X
d. Picking up Post	Office box mail				⊠
e. Buying money	orders				×
	al services, includin Registered mail, Ins nation, or Signature	ured mail,			ĭ₹
g. Sending Expres	s Mail				I
Other postal serv		Yes 🗌	No ™		
b. Resetting/using	postage meter	Yes 🗌	No 🙀		
personal needs?	Yes	. 🗆	iness hours while tra	×	
. For which of the fol services? Shopping	llowing do you leav	e your communit	ty? (Check all that a	pply.) Where do yo	•
Personal needs		ANNI VVV VAAAANI VVV	4000 Million M		
Banking				-Ahrhillessaarinin	
Employment		· · · · · · · · · · · · · · · · · · ·		···	
Social needs	—				



4.	Do you currently use local businesses in the community?
	Yes 🗹 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	,
For :	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
	Maliesa Machburgh
Narr	(please print your name)
Addi	esstu DOX Glas HCXIE HK. 72433
Tele	phone number: Date: 10-19-70

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Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following					
Postal Services	Daily	Weekly	Monthly	Never	
a. Buying stamps				卢.	
b. Mailing letters				₩.	
c. Mailing parcels		philosophia.	godnotes .	A A A A	
d. Picking up Post Office box ma	ail 🔲			A	
e. Buying money orders				6	
 f. Obtaining special services, inc Certified mail, Registered mai Delivery Confirmation, or Sign Confirmation 	I, Insured mail,			Ą	
g. Sending Express Mail				人	
Other postal services: a. Entering permit mailings	Yes 🗀	No. ¥			
b. Resetting/using postage meta		ио Х			
Do you pass another Post Office personal needs?	or Station during bus	iness hours while tra No	, -	ork, or shopping	
If yes, which offices:			•	<u></u>	
For which of the following do you services?					
Shopping 💆					
Personal needs				11/11/11	
Banking					
Employment 觉					

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4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Telephone number: 870 - 759 - 08 80

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:				of the following:
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps				X
	b. Mailing letters			X	
	c. Mailing parcels				×
	d. Picking up Post Office box n	nail 🗌			×
	e. Buying money orders				X
	 f. Obtaining special services, in Certified mail, Registered ma Delivery Confirmation, or Sig Confirmation 	ail, Insured mail,		0	×
	g. Sending Express Mail				K
	Other postal services:				
	a. Entering permit mailings	Yes 🗌	No 🔀		
	b. Resetting/using postage me	ter Yes 🗌	No 🔀	٠	
2.	Do you pass another Post Office personal needs? If yes, which offices: Jone.	_		_	ork, or shopping, or fo
3.	Personal needs ☑ ☐ Banking ☐	nesboro nesboro	ty? (Check all that a	pply.) Where do yo	u go to obtain these
	Employment 🛛 💆	nesboro			Add Allillia
	Social needs				



4.	Do you currently use local businesses in the community?
	Yes X No □
5.	f you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	lust as Good 🔀 No Opinion 🗌 Unfavorable 🗌
6.	following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	1. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	Iditional comments, please add on a separate piece of paper and attach it to this form. you for taking the time to complete this questionnaire.
Nan	Vincent Baker (please print your name)
Add	ss:656 Lawrence Road S14 Hoxie, AK 12433-8449
Tele	none number: 870-886-6061 Date: 10118/10

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1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the follow					of the following:
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps				
	b. Mailing letters				
	c. Mailing parcels				<i>,</i> \Box
	d. Picking up Post Office box mail		∀′		
	e. Buying money orders				
	Obtaining special services, includin Certified mail, Registered mail, Ins Delivery Confirmation, or Signature Confirmation g. Sending Express Mail	ured mail,			
	3 4 4	•	Ninness	,	
	Other postal services:				
	a. Entering permit mailings	Yes □	No 🗹		
	b. Resetting/using postage meter	Yes 🗌	No 👿		
2.	Do you pass another Post Office or St personal needs?		iness hours while tra		rk, or shopping, or fo
	If yes, which offices:	matelate and the second			
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
3.	For which of the following do you leave services?	e your communit	ty? (Check all that a	oply.) Where do you	u go to obtain these
	Shopping	ALAINING OPPI		• • • • • • • • • • • • • • • • • • •	
	Personal needs			······································	
	Banking		Mruuummaaamma		HIAAAA miinis ee
	Employment 🗹		MP4444		
	Social needs				



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Fost Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. * ** ** ** ** ** ** ** ** *
Nam	ne: Michael Householder
	ress: P.O. BOX 92 Hoxee At 72433
Tele	phone number: 870-809-0159 Date: 10-25-2010

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Postal Services		Daily	Weekly	Monthly	Neve
a. Buying stamps					X
b. Mailing letters				,	M
c. Mailing parcels					**
d. Picking up Post	Office box mail)M
e. Buying money	orders	9			X
	al services, includir Registered mail, Ins nation, or Signatur	sured mail,			
Confirmation					X
g. Sending Expres	s Mail				X
Other postal serv	ices:				
a. Entering permi	t mailings	Yes 🗌	No 💢		
b. Resetting/using	postage meter	Yes 🔲	No 🗷		
Do you pass anoth personal needs? If yes, which office	11)1)	station during bus	siness hours while tra	-	
For which of the fo services?		1 . 1	ty? (Check all that a	opply.) Where do yo	u go to obta
Shopping	× wal	nut Tyed			
Personal needs		A STATE OF THE STA		ALTHUR TO THE TOTAL THE TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Banking				AMM	
Carala, and ant	П				
Employment				· · · · · · · · · · · · · · · · · · ·	100m



4.	Do you currently use local businesses in the community?
	Yes No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	My Mail May get to My Box when It is supposed to.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	K.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	Ethel Tompkins ne: 611 SE Cotter St Hoxie AR 72433-2212
	ress:
Tele	phone number: 870-886-3269 Date: 10/30/10

DOCKETNO.	725
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1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps			叉			
	b. Mailing letters					X	
	c. Mailing parcels					Z)	
	d. Picking up Post	Office box mail				人	
	e. Buying money	orders				×	
		Registered mail, Ins nation, or Signatur	sured mail,			 5\\	motions
	Other postal serv	ices:					
	a. Entering permi	t mailings	Yes 🗌	No 👿			
	b. Resetting/using	g postage meter	Yes 🗌	No 🔀			
2.	Do you pass anoth personal needs? If yes, which office:	Yes	tation during busing Survival	, O No	uveling to or from wo	ork, or shopping, or t	ar
3.	For which of the fo services?	llowing ao you leav	е у ос. оснавал _{аў}	, july as reac to	ppig.) viriale to yo	u go to obtain these	
	Shopping	X		A - 4			
	Personal needs	A	Adding the second secon	A CONTRACTOR OF THE CONTRACTOR			
	Banking	lunna					
	Employment						
	Social needs	<u> </u>					



4.	Do you currently use local businesses in the community?
	Yes 🔀 No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion □ Unfavorable □
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	I think that things well still
	I think that things well still be alright.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	No. 198
For a	additional comments, please add on a separate piece of paper and attach it to this form. k you for taking the time to complete this questionnaire.
Nam	e: Michelle Cole (please print your name)
	phone number 870 (237-3648) Date: 10/30/10
2 20 25 20	ORRIGH HERDING (ZZI I 2767) / 5 (MD 1/2) 10010 / 11 i f (51/4 2 f)

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1.	Please check the app	propriate box to in	dicate whether	you use the moxie	Post Office for each	or the following:	
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps				N		
	b. Mailing letters			×		X	
	c. Mailing parcels						
	d. Picking up Post O	office box mail				*	
	e. Buying money on	ders				¥	
	f. Obtaining special s Certified mail, Reg Delivery Confirma	gistered mail, Insu					
	Confirmation	,			X		
	g. Sending Express	Mail				×	
	Other postal service	3 5 :					
	a. Entering permit m	nailings	Yes 🗌	No 💢			
	b. Resetting/using p	ostage meter	Yes □	No 🗖			
2.	Do you pass another personal needs?	Post Office or Sta	_		raveling to or from wo	ork, or shopping, or	for
	If yes, which offices:		·	· · · · · · · · · · · · · · · · · · ·		маланичу-	
		Wyullian Anni Wan					
3.	For which of the followservices?	-		•	apply.) Where do yo	u go to obtain these	e
	Shopping	M Jones !	ero - 6	weekster	and the state of t		
	Personal needs	X Joseph	*? ~ ;		A A A A A A A A A A A A A A A A A A A	Wevenininasi	
	Banking	ν'			HIPTONIA CONTINUE CON	AAAAaa vuunahhiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
	Employment						· <i>g</i>
	Social needs	X Para	genled -	alicea -	Genestero -	Walnut Rea	He de



	•
4.	Do you currently use local businesses in the community?
	Yes No []
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	e: Judy Toler (please print your name)
	ess: 210 NW Edgar Hoxie Ar 72433
	phone number:Date:

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. Please check the	appropriate box to i	ndicate whether	you use the Hoxie :	Post Office for each	of the following:
Postal Services		Daily	Weekly	Monthly	Neve <i>r</i>
a. Buying stamps					
b. Mailing letters			9		
c. Mailing parcels					
d. Picking up Pos	t Office box mail				
e. Buying money	orders				
Certified mail, I	al services, includir Registered mail, Ins mation, or Signatur	ured mail.	П	П	17
	3		·········		
g. Sending Expre	ss Mail				المستا
Other postal sen	rices:				
a. Entering perm	it mailings	Yes 🗌	No 🕡		
b. Resetting/usin	g postage meter	Yes 🗌	No 🛭		
personal needs?	Yes	; 🗆	No	aveling to or from wo	
For which of the fo	ollowing do you leav	re your communit		apply.) Where do yo	u go to obtain the
Shopping	1 Walnu	et Ridge		AMERICAN CONTRACTOR OF THE STATE OF THE STAT	MANA
Personal needs					Annual Control of the
Banking			www.		
Employment					MANUSCRIPTOR CONTRACTOR CONTRACTO
Social needs	1 Chur	ch in 1	Walnut R	idae	



4.	Do you currently use local businesses in the community?
	Yes 🗹 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxle Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	The no with this as long as No postal
	workers lose their jobs. The workers at
	Home are part of our community. We know
	thought see them daily. I don't want to see
	Workers lose their jobs. The workers at Hoxe ARE part of our community. We know them I see them daily. I don't want to see Changes if it means someone will lose their job.
•	
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	re: Rena Cullum (please print your name)
	ress: 2510 SE 3 Ht St. Hoxie AR 72433
	phone number: 886-9271 Date: 16-30-10

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Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps				×	
b. Mailing letters				X	
c. Mailing parcels					风
d. Picking up Post	t Office box mail				
e. Buying money	orders				×
	Registered mail, Ins nation, or Signature	ured mail,			×
Other postal servi	ices:				
a. Entering permit	t mailings	Yes 🗌	No X		
		37	No. To		
b. Resetting/using	g postage meter	Yes ∐	No JA		
	er Post Office or S Yes		iness hours while tra	-	



4. Do	Do you currently use local businesses in the community?	
	Yes X	No 🗆
ch st	change to your delivery service. What would be you station, which will provide the same mailing services	s and be located at the same location?
Ju	Just as Good 💢 No Opinion 🗌 Unfavo	orable
6. Fo	Following are comments I wish to make concerning the pr	roposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favor proposal would have on the regularity or effectivenes 	
1	II. Other Comments Please provide any other views or Service should consider in deciding whether to adopt	
	dditional comments, please add on a separate piece of pa cyou for taking the time to complete this questionnaire.	aper and attach it to this form.
Name:	HATHY BUILLIAM	6
Address	iss: P.O. BOX 111 Hou.	ie AR
Telepho	hone number: 870 759-0034 Date: _	10-23-10

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Please check the a	ppropriate box to i	indicate whether	r you use t	he Hoxie	Post Office for each	of the following
Postal Services		Daily	٧	/eekly	Monthly	Never
a. Buying stamps					Ø	
b. Mailing letters				M		
c. Mailing parcels						_ 🗷
d. Picking up Post	Office box mail					X
e. Buying money	orders	L.				S
	egistered mail, Ins nation, or Signatur	sured mail,				™
Other postal servi	ces:					
a. Entering permit	mailings	Yes	No	R		
b. Resetting/using	postage meter	Yes 🕱	No	曰		
Do you pass anothe personal needs?		tation during by	usiness ho		aveling to or from wo	irk, or shopping
If yes, which offices						
				H ₁₉₉₉		
For which of the foll services?	owing do you leav	re your commut	nity? (Che	ck all that a	apply.) Where do yo	u go to obtain t
Shopping	X J	oves boro	- Wa	laut K	lidge-Poce	hemtes
Personal needs	& Wala	ot Ridge				
Banking	* Wala	ie - Wala	ut Ri	dge	***************************************	**************************************
Employment					AAAHHII IYYY	
Social needs	<u> </u>					



4.	Do you currently	use local businesses in the co	ommunity?			
		Yes 🔀		No 🗌		
5.	change to your	eive carrier delivery or post of delivery service. What wo will provide the same mailing	uld be your opinion	about receiving ser	vice from a classified	
	Just as Good	No Opinion 🗌	Unfavorable			
6.	Following are co	mments I wish to make concer	ning the proposed ch	anges to the Hoxie Po	ost Office.	
		our Postal Services Describe uld have on the regularity or e			pelieve the	
į	MY Famil	Y doesn't exp	ect any c	changes	per your	
		to that effect	- If av	ything, it	woold be	
6	etter.					
		ments Please provide any oth ald consider in deciding whether			Postal	
I	F you we	ere to change	Hoxie Pos	t Office t	o a class.	ified
57	tation w	e would beg ,	that it wo	t be a co	ouside cati	on to
Fa	orther "c	lose the stat	ion at a	later date	· In that	t the
cl	hange w	ould undoubtly	I save the	Postal Ser	Vice mon	ey to
50	me exter	of we would s	sincerely,	hope that	this chan	190
i S For Tha	additional comme	ice for awhile hat it should sent the should be not separate the time to complete this questi	At times a plus to piece of paper and at ionnaire.	the Walnut Keep Hoxie tach into this form.	Ridge Post	* Office
Nar	me: Tim	J. Hutsell				
		S.W. Lawren	3			,
Tele	ephone number: §	770-886-2399	Date: 10/26	110		·





1.	Please check the app	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
	Postal Services		Daily	We	eekly	Monthly	Never	
	a. Buying stamps		D _,					
	b. Mailing letters							
	c. Mailing parcels							
	d. Picking up Post Of	fice box mail						
	e. Buying money ord	lers						
	Obtaining special s Certified mail, Reg Delivery Confirmat Confirmation Sending Express Management	istered mail, Ins ion, or Signatur	ured mail,					
	Other postal service	s:						
	a. Entering permit m	ailings	Yes 🗌	No				
	b. Resetting/using po	ostage meter	Yes 🗌	No				
2.	Do you pass another personal needs?	s	tation during bus	siness hou	s while tra	1	ork, or shopping, or fo	
	If yes, which offices:							
3.	For which of the follow services?	ving do you leav	e your communi	ity? (Chec	k all that a	pply.) Where do yo	u go to obtain these	
	Shopping						100	
	Personal needs		урушини на при	*		····	Assessment	
	Banking					AAAAMINIYYYY		
	Employment		400					
	Social needs		4444					



4.	Do you currently use local businesses in the community?
	Yes □ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Dabby C Watson Po Box 221
Add	ress: Loxic ANK 12473
	phone number 8 9 6 5 2 3 4 Date: 2 - 1 8 - 1 9

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps				$\mathbf{\nabla}$		
	b. Mailing letters			V			
	c. Mailing parcels				\square		
	d. Picking up Post (Office box mail				\mathbf{v}	
	e. Buying money o	rders					
		gistered mail, Insuration, or Signature	red mail,				
	Other postal service a. Entering permit of the Resetting/using of the Resetting/	nailings	Yes	No I√			
2.	Do you pass anothe personal needs? If yes, which offices:	Yes		No £	\checkmark	ork, or shopping, or for	
3.	For which of the folloservices? Shopping Personal needs Banking Employment Social needs	Walnu Walnu Walnu Walnu Walnu Walnu	t Ridge,i " t Ridge,	AR 12476	Jones bor	u go to obtain these O, AR 72401 " xie, AR 72433	



4.	Do you currently use local businesses in the community?	
	Yes 🗹 No 🗌	
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?	
	Just as Good No Opinion □ Unfavorable □	
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.	
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.	
	II. Other Comments Please provide any other views or information that you believe the Postal	
	Service should consider in deciding whether to adopt the proposal.	
	additional comments, please add on a separate piece of paper and attach it to this form. It you for taking the time to complete this questionnaire.	
Nan	e: Roydell Tucker (please print your name)	
Add	ess: 106 Ray Dr. Hoxie AR 12433	
Tele	phone number: (870) 886-6418 Date: 10-20-10	

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. Floase vileus ille e	thhinhiere noy to	unicaté attente à	na ase the uaxie l	ost Office (or each	or the rollowing:
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps				\boxtimes	L.
b. Mailing letters		***************************************		Ø	
c. Mailing parcels					
d. Picking up Post	Office box mail			X	
e. Buying money	orders				X
	al services, includir tegistered mail, Ins nation, or Signatur	ured mail,	П	X	П
g. Sending Expres	s Mail				
Other postal serv	ices:				
a. Entering permit	mailings	Yes 🗌	No 🗷		
b. Resetting/using	postage meter	Yes 🗌	No 🗷		
Do you pass anoth personal needs? If yes, which offices		•		eveling to or from wo	rk, or shopping, o
For which of the fol services?			,	pply.) Where do you	-
Shopping	A Sex	nelimbe	- Jones	boro, a	1
Personal needs		· · · · · · · · · · · · · · · · · · ·		CASHIPPE CAS	
Banking		- Lunguyiiii AA	William	MAAAA MA	· · · · · · · · · · · · · · · · · · ·
Employment					- <u> </u>
Social needs	\$ Some	times -	Jonesta	no, ar.	



4.	Do you currently use local businesses in the community?
	Yes ☒ No ☐
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	•
	II. Other Comments
	corner and serial and the second of the seco
	•
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: David Pew (please print your name)
Add	ress: 173 Park Ave
Tele	phone number: 870 - 637- 2679 Date: 10/15/10

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
	Postal Services	Daily	Weekly	Monthly	Never			
	a. Buying stamps			X				
	b. Mailing tetters		Ø					
	c. Mailing parcels			×				
	d. Picking up Post Office box mail				×			
	e. Buying money orders				这			
	Obtaining special services, includ Certified mail, Registered mail, In Delivery Confirmation, or Signatu Confirmation Sending Express Mail	sured mail,		×	□ %			
	Other postal services:							
	a. Entering permit mailings	Yes	No 🗵					
	b. Resetting/using postage meter	Yes 🗌	No 🗵					
2.	Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or f personal needs? Yes No No							
	If yes, which offices:							
		JULIAAA MILAAA	Additional Control of the Control of	· AA.	statillity v v - gammaya a v a const			
3.	For which of the following do you leaservices?	_	y? (Check all that a	apply.) Where do yo	u go to obtain thes	se		
	Shopping & Jones boro							
	Personal needs	мариции — « « « « « « « « « « « « « « « « « «			1900			
	Banking		****		Marine V * A Marine Volume A			
	Employment		A CONTRACTOR OF THE PROPERTY O	- And Andrews	······································			
	Social needs D	eshava						



4.	Do you currently use local businesses in the community?
	Yes Ø No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
	ie: FRHU TUCKER (please print your name)
Add	ress: 100 S CrossRoads
Tele	phone number: 501-454-4193 Date: 10/20/10

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
	Postal Services	Daily	Weekly	Monthly	Never			
	a. Buying stamps) X(
	b. Mailing letters			X				
	c. Mailing parcels				A			
	d. Picking up Post Office box mail				, EX			
	e. Buying money orders			ĸ				
	f. Obtaining special services, includir Certified mail, Registered mail, Ins Delivery Confirmation, or Signature	ured mail,			1			
	Confirmation		<u> </u>	□ □ (%)				
	g. Sending Express Mail				A			
	Other postal services:							
	a. Entering permit mailings	Yes 🗌	No 🗵					
	b. Resetting/using postage meter	Yes 🗌	No Æ					
2.	Do you pass another Post Office or S personal needs?	tation during bus	iness hours while tra	aveling to or from wo	rk, or shopping, or f			
	If yes, which offices:			AAAAHHI.				
3.	For which of the following do you leav services?	e your communi	ty? (Check all that a	pply.) Where do yo	u go to obtain these			
	Shapping			WINDOWS TO THE TOTAL OF THE TOT	· · · · · · · · · · · · · · · · · · ·			
	Personal needs							
	Banking		, , , , , , , , , , , , , , , , , , ,		1199-11-11-11-11-11-11-11-11-11-11-11-11			
	Employment 🗘							
	Social needs							



4.		·	
	Yes D		No 🗆
5.		vould be your op	rice from the Hoxie Post Office, there will be no inion about receiving service from a classified be located at the same location?
	Just as Good 🕅 No Opinion 🗌	Unfavorable	
6.	Following are comments I wish to make cond	cerning the propos	ed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Descr proposal would have on the regularity or 		
	II. Other Comments Please provide any of Service should consider in deciding whe		
	acond and a made in a stania and	eror in tamps iro p	порогии
	r additional comments, please add on a separa ank you for taking the time to complete this que		and attach it to this form.
Narr	me: 5 herma Beasley (please print your name)		
		HORIC 1	1R 72433
Tele	lephone number:	Date:/C	-16-10

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
	Postal Services		Daily	٧	Veekly	Monthly	Never	
	a. Buying stamps					⊡/,		
	b. Mailing letters					⊡		
	c. Mailing parcels					# IIIAM	☐ ,	
	d. Picking up Post O	ffice box mail					G,	
	e. Buying money or	iers						
	Obtaining special s Certified mail, Reg Delivery Confirmal Confirmation Sending Express I	gistered mail, Insu tion, or Signature					D	
	Other postal service a. Entering permit m		Yes 🗌	No				
	b. Resetting/using p	•	Yes	No				
2.	Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or fine personal needs? Yes No No							
	If yes, which offices:							
3.	For which of the follow services?	wing do you leave	your community	/? (Che	ck all that ap	oply.) Where do you	u go to obtain these	
	Shopping		·····			-,- unto the vigame, and an automatic the control of the control o		
	Personal needs	W	verposo			MANUFER THE STREET STREET		
	Banking					- Additive	·	
	Employment		res pigo			· · · · · · · · · · · · · · · · · · ·		
	Social needs	D	Dresposo	·				



4	Do you currently use local businesses in the community?
	Yes 🖂 No 🖂
	Tes C NO C
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxle Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	·
	additional comments, please add on a separate piece of paper and attach it to this form. It you for taking the time to complete this questionnaire.
Nam	e: ByRum C. Carpholl (please print your name) ess: 207 N.W. Texas # 2 Hoxie AR 72433 phone number: 1-870-219-1511 Date: 10-15-10
Addr	ess: 207 N.W. Texas # 2 Hoxie AR 72433
Tele	phone number: 1-870-319-1511 Date: 10-15-10

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Please check the appropriate box to indicate whether you use the Hoxle Post Office for each of the following:								
Postal Services		Daily	Weekly	Monthly	Ne ver			
a. Buying stamps								
b. Mailing letters			G					
c. Mailing parcels								
d. Picking up Pos	t Office box mail				2			
e. Buying money	orders							
Certified mail, I	al services, includir Registered mail, Ins mation, or Signatur ss Mail	ured mail,						
Other postal serv	rices:							
a. Entering permi	it mailings	Yes	No Q					
b. Resetting/using	g postage meter	Yes 🗌	No 🖸					
personal needs?	Yes	· 🗆	No	aveling to or from wo				
For which of the fo	llowing do you leav	e your communi	ty? (Check all that a	apply.) Where do yo	u go to obtain th			
Shopping	/	. " 🧻						
Personal needs	DY Wa	lont / Clal		**************************************	MOVE MATERIAL REPORT OF THE PROPERTY OF THE PR			
Banking	D itex	4	HILLORD TO THE STATE OF THE STA					
Employment		thin the same of t	- mbhdillisyy	АШПОРР	***************************************			
Social needs				***************************************				

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4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good Ū No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	i. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. Jone on in
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Eruin Kapales (please print your name)
Add	ress: 603 S.W. HArtigAN Hoxie
Tele	phone number: \$75-886-2740 Date: 10-16-10

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Social needs

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following					of the following:
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps				
	b. Mailing letters				
	c. Mailing parcels				
	d. Picking up Post Office box mail				
	e. Buying money orders				
	 f. Obtaining special services, including Certified mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation 				
	g. Sending Express Mail				
	Other postal services:				
	a. Entering permit mailings	Yes 🗌	No 🗌		
	b. Resetting/using postage meter	Yes	No 🗌		
2.	Do you pass another Post Office or Sta personal needs?	-	iness hours while tra	_	rk, or shopping, or fo
	If yes, which offices:	<u> </u>			
3.	For which of the following do you leave services?	your communit	y? (Check all that a	oply.) Where do you	u go to obtain these
	Shopping				
	Personal needs				
	Banking				
	Employment				



4.	Do you currently use local businesses in the community?
	Yes X No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	I think it would be just as good,
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. I think it would be gust as good, as I get my mail I do care.
	cane.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
For	additional comments, please add on a separate piece of paper and attach it to this form.
	nk you for taking the time to complete this questionnaire.
Nan	ne: Beavine Wisling (please print your name)
Add	ress: 207 Boas, Hoxie, ar 72433
Tele	phone number: Date: Date:

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Social needs

Postal Services	Daily	We	ekly	Monthly	Never
a. Buying stamps				×	
b. Mailing letters			Ø		
c. Mailing parcels					
d. Picking up Post Office box mail					\boxtimes
e. Buying money orders					×
 f. Obtaining special services, included certified mail, Registered mail, In Delivery Confirmation, or Signature 	nsured mail,				
Confirmation				- Landard	×
g. Sending Express Mail					X
Other postal services:					
a. Entering permit mailings	Yes 🔲	No	X		
o. Resetting/using postage meter	Yes □	No	⊠		
Do you pass another Post Office or personal needs?	Station during bus	iness hou	s while tr	•	rk, or shopping,
If yes, which offices:	_				
				- AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
For which of the following do you leaservices?	ave your communi	ly? (Chec	k all that a	apply.) Where do yo	u go to obtain the
Shopping					
Personal needs					
<u></u>					



4.	Do you currently use local businesses in the community?
	Yes ⊠ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☒ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	(please print your name)
Add	ress: 510 SW Texas St Hoxie, AR 92433
Tele	phone number: <u>870-886-9570</u> Date: <u>10-25-/0</u>

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Social needs

1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
	Postal Services	Daily	Weekly	Monthly	Never		
	a. Buying stamps						
	b. Mailing letters						
	c. Mailing parcels				₫//		
	d. Picking up Post Office box mail						
	e. Buying money orders				4		
	 f. Obtaining special services, inclu Certified mail, Registered mail, I Delivery Confirmation, or Signat Confirmation 	nsured mail,			Œ		
	g. Sending Express Mail						
	Other postal services:		,				
	a. Entering permit mailings	Yes 🗌	No 🖽				
	b. Resetting/using postage meter	Yes 🗌	No 🗹				
2.	Do you pass another Post Office or personal needs?	Station during busing	ness hours while tra		rk, or shopping, or for		
	If yes, which offices:						
		***************************************		***************************************			
3.	For which of the following do you le services?	ave your community	/? (Check all that a	pply.) Where do you	u go to obtain these		
	Shopping						
	Personal needs	WWW.			vv		
	Banking						
	Employment						

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4.	Do you currently use local businesses in the community?
	Yes 🖸 No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: 600 9 W. Edga R St # 9 Howell with the paper 870.886.618 Date: 10-12-10
Add	ress: 600 91 W. EdgARST #9 How
Tale	phone number 870 - 886- 618/ Date: 10 - 12 - 10

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Please check the a	appropriate box to i	ndicate whether	you use the Hoxie F	Post Office for each	of the followir
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps			d		
b. Mailing letters			¥		
c. Mailing parcels					uz (
d. Picking up Post	Office box mail				
e. Buying money	orders			· 🗹	
	al services, includir Registered mail, Ins nation, or Signatur	ured mail,	П	Į a	П
g. Sending Expres	se Mail			П	□ IZV
3		Venner			
Other postal serv	ices:				
a. Entering permit	t mailings	Yes 🗌	No 🗹		
b. Resetting/using	postage meter	Yes 🗌	No 🗹		
Do you pass anoth personal needs?		tation during bus	iness hours while tra		ork, or shoppi
If yes, which office:	S:		htt	AAAAAAAAAA	
For which of the fol services?	llowing do you leav		ty? (Check all that a		_
Shopping	┏∕	AAAAAAAAHIIIIIIIII		·····	
Personal needs	<u> </u>	JUUUUUU JAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		MINIMUM BOARD BOARD MINIMUM MI	
Banking		\$0.000.000.000.000.000.000.000.000.000.			· · · · · · · · · · · · · · · · · · ·
Employment	V /		***************************************	***************************************	4444444
Social peeds	ro r				

UNITED STATES
POSTAL SERVICE

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4.	Do you currently use local businesses in the community?
	Yes □ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
*	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	;
	additional comments, please add on a separate piece of paper and attach it to this form. Ink you for taking the time to complete this questionnaire.
Nar	ne: CHARLES MCELRATH (please print your name) Iress: 432 AFFINITY ST
Add	Iress: 432 AFFINITY ST
Tele	ephone number: 870-886-3238 Date: 10-28-10

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Postal Services		Daily	Weekly	Monthly	Neve
a. Buying stamps	·		A		
b. Mailing letters		×			
c. Mailing parcels			Þ		
d. Picking up Pos	t Office box mail				メ
e. Buying money	orders				文
Certified mail, I	al services, includir Registered mail, Ins mation, or Signature	ured mail,		A	
g. Sending Expres	ss Mail				Ä
Other postal serv	rices:				
a. Entering permi	it mailings	Yes 🖵	No 🛣		
b. Resetting/using	g postage meter	Yes 🖒	No 🗆		
Do you pass anoth personal needs? If yes, which office	Yes	tation during busing by the company of the company	No	veling to or from wo	
	illowing do you leav	e your community	? (Check all that a	pply.) Where do yo	u go to obta
services?		•	? (Check all that a	pply.) Where do yo	u go to obta
services? Shopping	\$ Jones)AV			u go to obta
services? Shopping Personal needs	\$ Jones)AV	(Check all that a		u go to obta
services? Shopping	\$ Jones)AV			u go to obta



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	· · · · · · · · · · · · · · · · · · ·
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you _r for taking the time to complete this questionnaire.
Nam	ne: Ungie Will and (please print your name)
Add	ress: 505 HW Texas
Tele	phone number: (30) 886-9599 Date: 10-18-10

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1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						of the following:	
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps				A		
	b. Mailing letters				又		
	c. Mailing parcels					×	
	d. Picking up Post (Office box mail					
	e. Buying money o	rders				A	
		gistered mail, Inst ation, or Signature	ured mail,			. M	
	Other postal service a. Entering permit in b. Resetting/using	mailings	Yes □	No A			
2.	Do you pass anothe personal needs? If yes, which offices:	Yes		ness hours while tra No.) Un=able	_	or shopping, or for	
3.	For which of the folio services? Shopping Personal needs Banking Employment		ing to g		lirection	a Dr. apoi ment	n+ 3
	Social needs					~••	



4.	Do you currently use local businesses in the community?				
	Yes 🗆 No 🗙				
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?				
	Just as Good Mo Opinion ☐ Unfavorable ☐				
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.				
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. 				
	If a person will be there to sell stamps, sometimes stamp machines do not work.				
	Sometimes stamp machines do not work.				
	Will the place have security incase anyon				
	(Will the place have security incase anyon tries to temper with people to mail.				
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.				
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.				
Nam	ne: Debra Backer (please print your name)				
Add	ess: P.O. Box III Hoxie, AR 72433				
Tele	phone number: Date:				

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. Please check the appropriate box to	o indicate whether	you use the Hoxie F	ost Office for each	of the following:
Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps			X	
b. Mailing letters				
c. Mailing parcels			×	
d. Picking up Post Office box mail				
e. Buying money orders				
Obtaining special services, include Certified mail, Registered mail, In Delivery Confirmation, or Signate Confirmation Sending Express Mail	nsured mail,		Ø	
Other postal services: a. Entering permit mailings	Yes □	No □	u	
b. Resetting/using postage meter	Yes \square	No 🔲		
Do you pass another Post Office or personal needs? If yes, which offices: W.R.	es 🛭	No		, -
Personal needs		y? (Check all that a		
Social pends 57	a source which	In me hos	1 Alanial	7/5



4.	Do you currently use local businesses in the community?				
	Yes ☑ No ☐				
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?				
	Just as Good ☑ No Opinion ☐ Unfavorable ☐				
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.				
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. 				
	Bounds as if reficing would enange -				
	*,				
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.				
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.				
Nam	N/I same come to				
	ress: 2616 SE Front St. Hoxic				
Addr	ess: dolo St Front St. Hoxic				

Telephone number: 810 886 7248 Date: 10-22-10

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1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the fo					
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps			Q	
	b. Mailing letters				\ZI
	c. Mailing parcels				P
	d. Picking up Post Office box mail				
	e. Buying money orders				
	Obtaining special services, including Certifled mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation Sending Express Mail				AT AT
	Other postal services: a. Entering permit mailings	Yes □	No 🔽		
	b. Resetting/using postage meter	Yes	No VI		
 Do you pass another Post Office or Station during business hours while traveling to or from work, or shoppin personal needs? Yes ✓ No □					verk, or shopping, or for
	If yes, which offices: Walnut	Ridge.	Post	Office	
3.	For which of the following do you leave services?	your community	? (Check all th	at apply.) Where do y	ou go to obtain these
	Shopping D Jon	asboco			
	Personal needs				
	Banking				***************************************
	Employment				
	Social needs 🔻 Jones	boco		***************************************	



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion □ Unfavorable □
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	•• · · · · · · · · · · · · · · · · · ·
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Jaine Hill (please print your name)
Add	ress: 420 NW Edgar, Hoxie, AR 72433
Tele	phone number: 870-637-4910 Date: 10-25-10

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Postal Services					
		Daily	Weekly	Monthly	Neve
a. Bu y ing stamps					回
b. Mailing letters					3
c. Mailing parcels					⊡
d. Picking up Post	t Office box mail				₽
e. Buying money	orders				
Certified mail, F	f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature				
Confirmation					
g. Sending Expres	ss Mail			(mass)	Ø
Other postal serv	ices:				
a. Entering permit	t mailings	Yes □	No 🗌		
b. Resetting/using	g postage meter	Yes	No 🗌		
Do you pass another Post Office or Station personal needs?		tation during busi	iness hours while tra	veling to or from wo	ork, or shop
personal needs?	Yes		No	-	
personal needs? If yes, which offices	Yes s:				
personal needs? If yes, which offices	Yes				
If yes, which offices For which of the fol	Yes s: llowing do you leav	e your communit		pply.) Where do yo	u go to obt
If yes, which offices For which of the followings:	Yes s: llowing do you leav	e your communit	y? {Check all that a	pply.) Where do yo	u go to obt
If yes, which offices For which of the fol services? Shopping	Yes s: llowing do you leav	e your communit	y? {Check all that a	pply.) Where do yo	u go to obt
For which of the fol services? Shopping Personal needs	Yes s: Howing do you leav	e your communit	y? (Check all that a	pply.) Where do yo	u go to obt

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4.	Do you currently use local businesses in the community?
••	
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unifavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	device should consider in deciding whether to adopt the proposal.
For	additional comments, please add on a separate piece of paper and attach it to this form.
	nk you for taking the time to complete this questionnaire.
Non	ne: <u>Fred Williams</u> (please print your name)
Add	ress: 2031 Cleveland Hoxe AR 72433
Tele	phone number: 759-00// Date: 10-25-10

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1.	Please check the appropriate box to indicate whether you use the Hoxle Post Office for each of the following:						
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps						
	b. Mailing letters						
	c. Mailing parcels						
	d. Picking up Post Off	ice box mail					
	e. Buying money orde	ers					
	Obtaining special se Certified mail, Regis Delivery Confirmation Confirmation Sending Express M	stered mail, Inst on, or Signature	ured mail,				
	Other postal services	:					
	a. Entering permit ma	ilings	Yes 🗌	No 🗹			
	b. Resetting/using po	stage meter	Yes 🗌	No 년			
2.	Do you pass another F personal needs? If yes, which offices:	Yes		No		atan	r foi
	vices? Shopping	Jone Jone	esbara, A	y? (Check all that a	pply.) Where do you	go to obta n the	se



4.	Do you currently use local businesses in the community?
	Yes ⊟ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	No noticable difference
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. It you for taking the time to complete this questionnaire.
Nam	e: Dale F. Reid (please print your name)
Addi	ess: 400 Eya Hoxie, AR
Tele	phone number: 50/4/21939 Date: 10-17-20/0

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps			30000			
	b. Mailing letters				T		
	c. Mailing parcels						
	d. Picking up Post 0	Office box mail					
	e. Buying money o	rders		<u> </u>		Ø	
	 f. Obtaining special Certified mail, Re Delivery Confirmation 	gistered mail, Ins	ured mail,			☑ ´	
	g. Sending Express	Mail					
	Other postal service a. Entering permit r b. Resetting/using r	mailings	Yes 🗌	No ☑			
2.	Do you pass another personal needs? If yes, which offices:	Yes		No	_	rk, or sh opp ing, o	r for
	a yes, who i onces,						
3.	For which of the follo services?		e your communit		pply.) Where do you	-	se
	Personal needs	a /	Walne	1		- market from the grant of	
	Banking				AAAAA	A A A A A A	
	Employment			456	AAAA	***************************************	
	Social needs		alnut	Redge	- 700	restere	

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4.	Do you currently use local businesses in the community?
	Yes ☑ No □
	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	It. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	dditional comments, please add on a separate piece of paper and attach it to this form. k you for taking the time to complete this questionnaire.
Nam	es: Unnetta Rogers (please print your name) ess: 427NW Lawrence Hoxiethe 72433
Addr	185: 427 NW Lawrence Hoxiette 12433
	hone number: Date: 10 - 16 - 10

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I. Please check the a	appropriate box to it	ndicate whether y	ou use the Hoxie F	ost Office for each	of the following:
Postal Services		Daily	Weekly	Молthly	Never
a. Buying stamps				\bowtie	
b. Mailing letters			X		
c. Mailing parcels				×	
d. Picking up Post	Office box mail				×
e. Buying money	orders				y /
	tegistered mail, Ins nation, or Signature	ured mail,			×
Other postal serv	íces:		,		
a. Entering permit	mailings	Yes 🗌	No X		
b. Resetting/using	postage meter	Yes 🗌	No 🕱		
Do you pass anoth personal needs?	er Post Office or St		ness hours while tra	eveling to or from wo	irk, or shopping, or
If yes, which offices					
			-		
For which of the fol	lowing do you leav			pply.) Where do yo	
Shopping		*			
Personal needs			1.0/		<u></u>
Banking	Banking 🗆 📗		Hoff	AMBIER DE L'ANGEL DE L	dda
Employment		v W			AAAAAAAAAAA
Social needs					



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Roy L M ccHer (please print your name)
Add	ress: 3105 E 4 TM.
Tele	phone number: 886-5068 Date: 18-18-2010

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1.	. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:					
	Postal Services	Daily	Weekly	Monthly	Never	
	a. Buying stamps			X		
	b. Mailing letters		図			
	c. Mailing parcels					
	d. Picking up Post Office box mail	凶				
	e. Buying money orders					
	f. Obtaining special services, includi Certified mail, Registered mail, In Delivery Confirmation, or Signatus Confirmation	sured mail, re				
	g. Sending Express Mail Other postal services:			LJ ,	Ц	
	a. Entering permit mailings	Yes 🗌	No 🖒			
	b. Resetting/using postage meter	Yes	No 🗓			
2,	Do you pass another Post Office or Spersonal needs? Ye If yes, which offices:	s 🗌	No	À	,	fo
3.	Banking		ty? (Check all that a		u go to obtain these	3



4.	Do you currently use local businesses in the community?
	Yes 🕅 No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ⚠ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxle Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	·
Tha	additional comments, please add on a separate piece of paper and attach it to this form. It you for taking the time to complete this questionnaire.
Nan	e: HOXIE Diesel Service (please print your name) ess: 406 S F Lindsrg, HOXIE, All phone number: 870-886-9704 Date: 10-18-18
Add	ess: 406 S E LINDSOY, HOXIE, At
Tele	phone number: 870-886-9704 Date: 10-18-10

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b. Mailing letters	
c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to opersonal needs?	
d. Picking up Post Office box mail	
e. Buying money orders	- -
f. Obtaining special services, Including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to opersonal needs? Yes Yes No No	3
Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to opersonal needs? Yes Yes No No	
g. Sending Express Mail	-
Other postal services: a. Entering permit mailings b. Resetting/using postage meter Yes No Do you pass another Post Office or Station during business hours while traveling to opersonal needs? Yes No No	
a. Entering permit mailings Yes No No No Do you pass another Post Office or Station during business hours while traveling to opersonal needs?	<u>d</u>
b. Resetting/using postage meter Yes No Do you pass another Post Office or Station during business hours while traveling to opersonal needs?	
Do you pass another Post Office or Station during business hours while traveling to opersonal needs?	
personal needs? Yes M No F	
For which of the following do you leave your community? (Check atl that apply.) Wh services?	
Shopping \overline{\mathbb{W}_a/nat Ridge}	
Personal needs Walnut Ridge	
Banking Walnut Ridge	
Employment \(\mathbb{Z} \) \(\mathbb{Nalmut Ridae} \)	
Social needs \(\sqrt{Walket Ridge} \)	

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4.	Do you currently use local businesses in the community?
	Yes □ No ☑
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ne: Debra K Duckworth (please print your name) ress: 420 N.E. Circle Dr. Hoxie, AR 72433 phone number: 870-637-2629 Date: 10-16-10
Add	ress: 420 N.E. Circle DR Hoxie, AR 72433
Tele	phone number: 870-637-2629 Date: 10-16-10

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1.	1. Please check the appropriate box to indicate whether you use the Hoxie Post Unice for each of the following:						
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps						
	b. Mailing letters					The same of the sa	
	c. Mailing parcels						
	d. Picking up Post O	ffice box mail					
	e. Buying money or	ders			Parameter Control of C		
	Obtaining special s Certified mail, Reg Delivery Confirmat Confirmation Sending Express I	gistered mail, Insu tion, or Signature				🗆 Donieli	lu co
	g. Sending Express i	Vidii	<u> </u>	lum)	L		
	Other postal service	?\$:					
	a. Entering permit m	ailings	Yes 🗌	No 🖽			
	b. Resetting/using p	ostage meter	Yes 🗌	No 🖸			
2.	Do you pass another personal needs? If yes, which offices:	Post Office or Sta Yes Nahijia	Janes -	. No 🗆	-	· -	
3.	For which of the follow services? Shopping Personal needs Banking			/? (Check all that app		u go to obtain these	
	Employment		Малаништүүнүү	AAAAAA	Add the second s		
	Social needs	iv1					



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	change to your delivery serviceWhat would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: (please print your name)
Add	ress: 210 SE Thombey Hour Cor 6433
Tele	phone number: 870-86-708 Date: 10/18/10

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	Please check the appropriate box to indicate whether you use the Hoxle Post Office for each of the following							
Postal Services		Daily	Weekly	Monthly	Never			
a. Buying stamps				A				
b. Mailing letters			, A					
c. Mailing parcels				A				
d. Picking up Post	Office box mail				d			
e. Buying money	orders				4			
Certified mail, F Delivery Confire Confirmation	al services, includin Registered mail, Ins nation, or Signature	ured mail,		À				
g. Sending Expres	s Maii							
Other postal serv	íces:							
a. Entering permi	t mailings	Yes 🗌	No □					
b. Resetting/using	j postage meter	Yes []	No 🗸					
If yes, which office.	res s: Wulnut 1	Klyl, Mi	no	aveling to or from wo				
services?								
Shopping	<i>D</i>	and the same and t		VARABLE VIIII VARABLE VIII				
Personal needs	P	7 -	,					
Banking		PASO I)		AMERICAN VICTORIA CONTRACTORIA CONTRACTORIA CONTRACTORIA CONTRACTORIA CONTRACTORIA CONTRACTORIA CONTRACTORIA C				
Employment				<i>t</i> 0	1. d*			
Social needs	1 Jones	coop, Ti	unca E	(Raso T	<u>X</u>			



4.	Do you currently use local businesses in the community?
	Yes, 🖂 No 🖂
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	Service should consider in deciding whether to adopt the proposal. The Lieve + hat the small be closed and a box system of those people who need delivery to those Towns.
	but those people who need betterny
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	Phalais H Gollos Pa Miller
Addi	ress: 580 NW/ ZZ8 HOX'E AR 72433
Tele	phone number: 870886 6985 Date: 10 16-10

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1,	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:					ch of the following:
	Postal Services		Daily	Weekly	Monthly	Never
	a. Buying stamps				M	
	b. Mailing letters				A	
	c. Mailing parcels				À	
	d. Picking up Post O	ffice box mail				×
	e. Buying money or	ders				À
	f. Obtaining special s Certified mail, Reg Delivery Confirma Confirmation	gistered mail, Insu				×
	g. Sending Express	Mail				À
	Other postal service	9 \$;				
	a. Entering permit m	nailings	Yes	No 📈		
	b. Resetting/using p	ostage meter	Yes	No Ø		
2.	nersonal needs?		,		traveling to or from	work, or shopping, or for
	If yes, which offices:	Sedwick	And 1	Jonesboro		
					C	
	<u> </u>				······································	
3.	For which of the follow services?	wing do you leave	your communi	ty? (Check all that	apply.) Where do	you go to obtain these
	Shopping	□ Jone.				
	Personal needs	\Box <u>$\dot{w}4h$</u>	ut Ridge	And Jon	instoro	Anne e e e e e e e e e e e e e e e e e e
	Banking	□ W4/nu	+ Ridge	<u> </u>	·	
	Employment	O Jones	boro	ppp	punce the state of	AAI
	Social needs	- Jarob	or <i>o</i>	· · · · · · · · · · · · · · · · · · ·		

4.	Do you currently use local businesses in the community?
	Yes 🗆 No 🔀
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	\cdot .
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Shakon Goodwin (please print your name)
Add	ress: 101 Ester Dr
Tele	phone number: Date:

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
	Postal Services		Daily	Weekly	Monthly	Never		
	a. Buying stamps					TA .		
	b. Mailing letters				\mathbf{V}_{j}			
	c. Mailing parcels							
	d. Picking up Post C	Office box mail				ĭ×,		
	e. Buying money or	ders						
	f. Obtaining special Certified mail, Re Delivery Confirma Confirmation	gistered mail, Insure	ed mail,					
	g. Sending Express	Mail				\simeq		
2.	Other postal service a. Entering permit n b. Resetting/using p Do you pass another personal needs?	nailings oostage meter	Yes Yes ion during busing	No N	- -	rk, or shopping, or for		
	If yes, which offices: Portu and Jonesboro							
3.	For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping Personal needs Banking Employment Personal of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Black Rock Bl							
	Social needs December 1970							



4.	Do you currently use local businesses in the community?
	Yes No 🖭
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
For	additional comments, please add on a separate piece of paper and attach it to this form.
Than	nk you for taking the time to complete this questionnaire.
Nam	e: Gene & Bernadine trivett
Addı	771 1'141 Harin 10 12,22
Tel e	phone number: Date: 10/18/10

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i. Piedse Cireck life	Please check the appropriate box to indicate whether you use the noxie Post Office for each of the following.							
Postal Services		Daily	W	/eekly	Monthly	Never		
a. Buying stamp	s					区		
b. Mailing letters	,				×			
c. Mailing parcel	s					区		
d. Picking up Po	st Office box mail					IX.		
e. Buying mone	y orders					X		
Certified mail, Delivery Confi	cial services, includir Registered mail, Ins rmation, or Signatur	sured mail,				57		
Confirmation					<u></u>	□		
g. Sending Expr	ess Mail					X		
Other postal ser	vices:		*					
a. Entering perr	nit mailings	Yes []	No	Q				
b. Resetting/usi	ng postage meter	Yes 🔲	No	X.				
personal needs?	Yes	s D		No		*		
If yes, which offic	es: <u>Walnut</u>	Ridge		***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	HIRADARARARARARARARARARARARARARARARARARAR			WINDOWS AND THE STREET STREET STREET				
			~	>		***************************************		
3. For which of the t services?	For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain thes services?							
Shopping	Walnut Ridge - Generharo							
Personal needs	Personal needs & Walnut Bidge							
Banking	Banking & Walnut			······································		**************************************		
Employment			7					
Social needs	1 Wal	nut R	idae		niconal framework and the second seco			



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	, , , , , , , , , , , , , , , , , , ,
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Opha Arvold
Add	ress: 1038 M:d WAY Rd.
Tele	phone number: <u>886-6887</u> Date: <u>10-18-10</u>

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1.		propriate box to inc			ost Office for each of		
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps		d				
	b. Mailing letters		0		ĎZ/		
	c. Mailing parcels				t-		
	d. Picking up Post 0	Office box mail				4	
	e. Buying money or	rders			<u>U</u>		
	f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature					_	
	Confirmation				V		
	g. Sending Express	Mail					
	Other postal servic	es:					
	a. Entering permit r	mailings	Yes 🗌	No 🖢			
	b. Resetting/using	postage meter	Yes 🗌	No 🖽	•		
2.	Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes No						
3.	For which of the follo services?	owing do you leave	your community?	(Check all that ap	oply.) Where do you (go to obtain these	
	Shopping				***************************************		
	Personal needs		1400444		***************************************		
	Banking		P		PV-V-V		
	Employment					- Nika A 4	Ž
	Social needs	a Jou	restro	w, You	ahontas	and Varia	



4.	Do you currently use local businesses in the community?
•	Yes D No
	100 tg
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	,
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	.v.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Melissa M. Sanders (please print your name) Landers
Ađd	ress: 411 SW GIBSON
Tele	phone number: 419 2959 388 Date: 10 16 10

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Postal Services		Daily	Weekly	• • Monthly	Never
a. Buying stamps				×	
b. Mailing letters		×			
c. Mailing parcels				×	
d. Picking up Post	Office box mail				×
e. Buying money o	orders				
	I services, includin egistered mail, Ins ation, or Signature	sured mail,		×	
g. Sending Express	s Mail			X	
Other postal service	ces:		۸.		
a. Entering permit	mailings	Yes 🗌	No 💢		
b. Resetting/using	postage meter	Yes 🗌	No Ď		
personal needs?	Yes	; 	iness hours while tra	×	rk, or shoppii
n yes, which onices					
For which of the followirces?	owing do you leav	ND	ty? (Check all that a	apply.) Where do yo	u go to obtair
For which of the followings	owing do you leav	No	ty? (Check all that a	apply.) Where do yo	u go to obtair
For which of the followirces?	owing do you leav	No		apply.) Where do yo	u go to obtair
For which of the followings	owing do you leav	No		apply.) Where do yo	u go to obtain
For which of the folloservices? Shopping Personal needs	owing do you leav	No	ን <u></u> ጀ	apply.) Where do yo	u go to obtair



4.	Do you currently use local businesses in the community?
	Yes No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be focated at the same location?
	Just as Good No Opinion □ Unfavorable □
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
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	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	Control of the contro
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionпаire.
Nan	ne: Gregory A Stayton
Add	ress: 922 S.W. Goldman Hoxix AR 72433
Tele	phone number: $\frac{370 - 886 - 2018}{10 + 16}$ Date: $\frac{10 + 16}{2010}$

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1.	. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:				
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps			D,	X
	b. Mailing letters			X	
	c. Mailing parcels			<i>'</i>	A
	d. Picking up Post Office box mail	***************************************			X
	e. Buying money orders			\not	
	Obtaining special services, including Certified mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation Sending Express Mail	ired mail.			×
	Other postal services:		,		· •
	a. Entering permit mailings	Yes 🗌	No X		
	b. Resetting/using postage meter	Yes 🗌	No X		
2.	Do you pass another Post Office or Stapersonal needs?		iness hours while tra		rk, or shopping, or fo
Ĺ	If yes, which offices:	is Ohl	ices -	the on	
3.	For which of the following do you leave services?	your communit	y? (Check all that a	pply.) Where do yo	u go to obtain these
	Shopping X NON	other	ifurz.	<u>judes</u>	
	Personal needs X 100	10 + h	thingt !	Wolfe _	
	Banking	r göv	y have	e an ac	"Court
	Employment X Lixx	mt The	dol		
	Social needs	nut la	1 01		



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
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	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	pe: Ine Cooks (please print your name)
Add	ress: 1403 Maple St Hoxio AR 12433
Tele	phone number: (\$10809-4019 Date: 10-16-10

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Please check the appropriate box to in	ndicate whether	you use the Hoxie F	ost Office for each	of the following:
Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps				X
b. Mailing letters				A
c. Mailing parcels				\bowtie
d. Picking up Post Office box mail				X
e. Buying money orders				X
f. Obtaining special services, includin Certified mail, Registered mail, Ins Delivery Confirmation, or Signature Confirmation	ured mail,			\
g. Sending Express Mail				M
a. Entering permit mailings b. Resetting/using postage meter Do you pass another Post Office or St personal needs? Yes If yes, which offices:		No	· _	ork, or shopping,
For which of the following do you leave services? Shopping Personal needs Banking Employment Social needs	e your communit	by? (Check all that a	pply.) Where do you	u go to obtain the



4.	Do you currently use local businesses in the community?
	Yes □ No No
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
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	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
	ress: 90050 Broad Hoycl
Tele	Pahone number: 886-503(Date: 1/1-1/6-1/0

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. Please check the ap	ppropriate box to i	ndicate	whether	you use t	the Hoxie	Post Office fo	r each of the follow	ving:
Postal Services			aily	W	/eekly	Monthi	y Neve	r
a. Buying stamps								
b. Mailing letters					□			
c. Mailing parcels			П					
d. Picking up Post	Office box mail						团	•
e. Buying money o	orders						Ø	
	I services, includir egistered mail, Ins ation, or Signatur	ured ma	ail,				旦	
g. Sending Express	s Mail						回	
Other postal service		Venn	 -	ži.	·····>•			
a. Entering permit	•	Yes		No	S S			
b. Resetting/using	-	Yes		No				
Do you pass anothe personal needs?			ıring bus	iness ho		-	om work, or shopp	oing, or
If yes, which offices								
For which of the follo	owing do you leav	e your c	communi	ty? (Che	ck all that	apply.) Where	do you go to obta	in thes
conscoc?								
services?	or Jan	ulu.	ro					
Shopping	D Jem				***************************************		·	
Shopping Personal needs								
Shopping							•	

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4,	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. The property is additional comments and attach it to this form.
Nar	HOXIE BAPTIST CHURCH
Ado	(P200 S:Wir LiNDSEY Hoxie, AR 72433
Tele	ephone number: 870-886-2360 Date: 10/18/10

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1. Ple	ase check the app	propriate box to it	ndicate whether	you use t	he Hoxie F	Post Offic	e for each	of the following:	
Pos	stal Services		Daily	W	/eekly	Mo	nthly	Never	
a.	Buying stamps						d		
b.	Mailing letters				V				
c . !	Mailing parcels								
đ.	Picking up Post O	ffice box mail							
e.	Buying money or	ders						Ð	
	Obtaining special so Certified mail, Reg Delivery Confirmat Confirmation Sending Express	gistered mail, Ins tion, or Signature	ured mail,			,		d	
	ner postal service								
a.	Entering permit m	iallings	Yes 📙	No	1				
b.	Resetting/using p	ostage meter	Yes 🗌	No		,			
per	you pass another sonal needs? es, which offices:	Yes	Ø,	iness ho	No	Ø	or from wo	rk, or shopping, or	for
sen Sho Per Bar Em	which of the followices? opping sonal needs nking ployment		estero,		ck all that a		n).	u go to obtain thes	е



4.	Do you currently use local businesses in the community?
	Yes M No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	It appears there would the ino effect in services
For	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. I are no yell for lach fown to have a featurater. If there would be available at Hoxie, then I are he heart hat fo hellassify.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	re: Willard Dickerson (please print your name)
Add	ress: 811 Sw Maple St, Hovie,
Tele	phone number: 886-5338 Date: 10/16/10

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Please check the	appropriate box to	indicate whether	you use	the Hoxie I	Post Office for each	of the following
Postal Services		Daily	٧	Veekly	Monthly	Never
a. Buying stamps					⋈	
b. Mailing letters					X	
c. Mailing parcels					X	
d. Picking up Pos	t Office box mail					区
e. Buying money	orders					X
Certified mail, f	al services, includir Registered mail, Ins mation, or Signatur ss Mail	sured mail,			₽ 2	
Other postal serv	rices:					
a. Entering perm	it mailings	Yes 🔲	No	X		
b. Resetting/usin	g postage meter	Yes 🗌	No	XL		
Do you pass anoth personal needs?		tation during bus	siness ho	urs while tr	aveling to or from wo	irk, or shoppi
If ves. which office			,			
***************************************					***************************************	
For which of the fo services?	ollowing do you leav	e your communi	ity? (Che	ck all that a	apply.) Where do yo	u go to obtaìi
Shopping	D INA	wut Ri	19-			ARC224006
Personal needs	J WAL	Nut Ri	dge_	1112211111221111	***************************************	
Banking	W WAL	wut R	idge		***************************************	444
Employment	N	espero			***************************************	
Social needs	DI WAL	out Ri	dy-e			ARABAAA ARABAAA



4.	Do you currently use local businesses in the community?
**	Yes No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☒ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	unfavorable if my Address would change
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
	ne: Joanner Noble (please print your name)
Add	phone number: 870-886-1579 Date: 10/16/10
Tele	phone number: 870 884-1579 Date: 10/16/16 870 - 219 - 5872

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Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps					
b. Mailing letters					9
c. Mailing parcels					Y
d. Picking up Post	Office box mail				⊡ ∕
e. Buying money	orders				1
	at services, includin tegistered mail, Ins nation, or Signatur	ured mail,			
Confirmation	nation, or olginature				IZ
g. Sending Expres	s Mail				
Other postal serv	ices:		4		
a. Entering permi	mailings	Yes 🗌	No 🗹		
b. Resetting/using	postage meter	Yes 🗌	No 🗹		
Do you pass anoth personal needs?		tation during bus		aveling to or from wo	erk, or shopp
If yes, which office:	*			1444	***************************************
For which of the fol	lowing do you leav	e your communi	ty? (Check all that	apply.) Where do yo	u go to obtai
Shopping	or Wal	mit Redage	, pupper		
		, 4	. 1		
Personal needs		mit kela			
Personal needs Banking		mit Reda hut Reda	رب م		A A A A A A A A A A A A A A A A A A A
		•	ν Lu		



4.	Do you currently use local businesses in the community?
	Yes 🗆 No 🗖
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Chnie Carr (please print your name)
Add	ress: 407 NW Lawrence, Hoyie, to 72433
Tele	phone number: 878 83L-7L14 Date: 10 - 15 - 10

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Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps					<u> </u>
b. Mailing letters					
c. Mailing parcels					₫/
d. Picking up Post	Office box mail				D
e. Buying money	orders				
f. Obtaining special Certified mail, F Delivery Confirmation g. Sending Expres	Registered mail, Ins nation, or Signatur	ured mail,			
Other postal serv	,	_	_	_	
a. Entering permi	t mailings	Yes 🗌	No 🔽		
b. Resetting/using	g postage meter	Yes 🗌	No 🗓		
Do you pass anoth personal needs? If yes, which office.	Yes	tation during bus	iness hours while tra	_	L
For which of the fo services?	llowing do you leav	e your communi	ty? (Check all that a	apply.) Where do yo	u go to obtain the
Shopping	₽⁄				
Personal needs	₽ /				
Banking					
Employment					
Social needs					

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4.	Do you currently use local businesses in the community?
	Yes ₩ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
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***	Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: 600 Nith Chan John or of 10, 72455
Add	ress: OOO NITE OF THE PROPERTY
Tele	phone number: <u>\$865968</u> Date: <u>10-16-</u> 10

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Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps					U
b. Mailing letters			Y		
c. Mailing parcels					Ū ́
d. Picking up Post	Office box mail				
e. Buying money	orders				
	al services, includir Registered mail, Ins mation, or Signatur	sured mail,		TY.	
g. Sending Expres	ss Mail				
Other postal servi	ices:		_		
a. Entering permit	t mailings	Yes 🗌	No 🗹		
b. Resetting/using	postage meter	Yes 🗌	No I	•	
Do you pass anoth personal needs?		itation during busi	ness hours while tra	aveling to or from wo	ork, or shoppi
If yes, which offices	\$				
					181
For which of the fol				ipply.) Where do yo	-
Shopping	9 Jor	nesboro t	<u>frkansas</u>		10000000000000000000000000000000000000
Personal needs	**************************************	resboro, f	-	300000000000000000000000000000000000000	
Banking		iesboro, A			***************************************
Employment	A PARTY OF THE PAR	resboro,		***************************************	
Social needs	P 300	esboro A	ckansas		



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
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	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne:
	ne:
Add	ress:
Tela	phone number Date:

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	22	
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Please check the a	ppropriate box to i	ndicate whether	you use the Hoxie	Post Office for each	of the following:
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps				Ø	
b. Mailing letters			×		
c. Mailing parcels					
d. Picking up Post	Office box mail				\boxtimes
e. Buying money	orders				X
Delivery Confirm Confirmation	tegistered mail, Ins nation, or Signature	ured mail,	0		Ø
g. Sending Expres	s Mail		Ш	×	
Other postal serv	ices:				
a. Entering permit	mailings	Yes 🗌	No 🛛		
b. Resetting/using	postage meter	Yes 🗌	No 🔯		
Do you pass anoth personal needs? If yes, which offices	Yes	N O	No	raveling to or from wo	· · ·
		*			**************************************
	MANUFACTURE CONTRACTOR				
For which of the fol services?	lowing do you leav	e your communi	ity? (Check all that	apply.) Where do yo	u go to obtain thes
Shopping	X		**************************************		
Personal needs	🛛	ASSALAASSAHHII	186444mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm	MANAGAM YUHHIII III III III II II II II II II II I	
Banking	X	· · · · · · · · · · · · · · · · · · ·	111111111111111111111111111111111111111	4000A	Nuu-
Employment				***************************************	
Social needs	X				

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4,	Do you currently use local businesses in the community?
	Yes 🔀 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☒ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. Ink you for taking the time to complete this questionnaire.
Nar	ne: CARROII WAYNE HICKMAN (please print your name)
Add	iress:
Tele	ephone number: 870-926-6595 Date: 10-18-10

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. Please check the a	ippropriate box to i	ndicate whether	you use the Hoxie F	Post Office for each	of the following:
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps				ď	
b. Mailing letters					团
c. Mailing parcels					ď
d. Picking up Post	Office box mail				I
e. Buying money	orders				团
	tegistered mail, Ins nation, or Signature	ured mail,			ø Ø
Other postal serv	ices:		ſ		
a. Entering permit	l mailings	Yes 🗌	No ☐		
b. Resetting/using	postage meter	Yes 🗌	No 🗹		
Do you pass anoth personal needs?	Yes		niness hours while training No	-	
West, Shiftmannamure,	AAA WAXAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA				the second of th
For which of the fol services?	lowing do you leav	e your communi	ity? (Check all that a	apply.) Where do yo	u go to obtain the
Shopping					http://www.
Personal needs			MAAA	WWW.WWW.MAAA	
Banking				М., ууруу	managamin (1999)
Employment	d larg	goald AR	**************************************	T	ниаватите — — — — — — — — — — — — — — — — — — —
Social needs					

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4.	Do you currently use local businesses in the community?
	Yes 🖸 No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
	Just as Good [2] No Opinion [] Uniavorable []
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne:
	(Please print your name)
	phone number: Date:

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Postal Services	Daily	Weekly	Monthly	Neve
a. Buying stamps			K	
b. Mailing letters	风			
c. Mailing parcels		X		
d. Picking up Post Office box mail				×
e. Buying money orders		Lance I	凶	
f. Obtaining special services, includir Certified mail, Registered mail, Ins Delivery Confirmation, or Signatur	sured mail,			
Confirmation			这	
g. Sending Express Mail			ŔĹ	
Other postal services:				
a. Entering permit mailings	Yes 🗌	No 🔼		
b. Resetting/using postage meter	Yes 🗌	No IF		
Do you pass another Post Office or S personal needs? Yes If yes, which offices:	s 🗌	No	数	

For which of the following do you leav	re your communi	ty? (Check all that a	ipply.) Where do yo	u go to obta
rol which of the following do you leav services?	-			
services?				
services? Shopping				
Shopping Personal needs				

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4.	Do you currently use local businesses in the community?
	Yes A No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	•
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
	Thank you
Nar	ne:(please print your name)
	ress:
Tele	ephone number: Date: 10-15-10

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Please check the a	opropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
Postal Services		Daily	Wee	kly	Monthly	Never	
a. Buying stamps]			
b. Mailing letters]			
c. Mailing parcels				J			
d. Picking up Post	Office box mail]		U	
e. Buying money	orders]		4	
	Registered mail, Ins nation, or Signatur	sured mail,					
Other postal serv	ices:			/			
a. Entering permi	t mailings	Yes 🗌	No 🖸				
b. Resetting/using	g postage meter	Yes 🗌	No 🖸	1			
Do you pass anoth personal needs?		Station during bus	iness hours	while trav		irk, or shopping, e	
If yes, which office	s:						

•••		A.A	······································	***************************************	006644mmm	HILLEAGARACH TO THE STATE OF TH	
For which of the fo services?	llowing do you leav	ve your communit	ty? (Check	all that ap	ply.) Where do yo	u go to obtain the	
Shopping	1 Wal	nut Rus	Jay -			**************************************	
Personal needs	d wo	Dout Re	-8-g/		00000000000000000000000000000000000000	#8004000mmmm	
Banking		***************************************		*			
Employment	$\mathbf{A} \longrightarrow \mathbf{A}$	nut Pil) ref				
Social needs	W (1)~0	in the	Lae				



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne:
	ne:
	ress;

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Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps					Whenever
b. Mailing letters		ys.			□ Whenever
c. Mailing parcels					- Whenever
d. Picking up Post	Office box mail				Ø.
e. Buying money	orders				Ø
	Registered mail, Ins	ured mail,			
Confirmation	nation, or Signatur				
g. Sending Expres	ss Mail	Toward.			A
Other postal serv	ices:				
a. Entering permi	t mailings	Yes 🗌	No ⊅ZÍ		
b. Resetting/using	g postage meter	Yes 🔲	No 🔀		
personal needs?				∘ X([*]	· .
	llowing do you leav	a vour communit	2 (Chark all tha	t apply) Where do yo	u ao to obtain these
For which of the fo	ilowing do you leav	o your community	y: (Oneok an tha	t apply.) Whate do yo	a go to obtain these
					
services?					
services? Shopping					
services? Shopping Personal needs			WH-vv		
For which of the fo services? Shopping Personal needs Banking Employment			WH-vv		



4.	Do you currently use local businesses in the community?
	Yes X No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	no Coment
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne:
	ress:
	phone number: Date:

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a. Buying stamps				•	ost Office for each	
b. Mailing letters	Postal Services		Daily	Weekly	Monthly /	Neve
c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No No	a. Buying stamps				abla	
d. Picking up Post Office box mail	b. Mailing letters					
e. Buying money orders	c. Mailing parcels					
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No No No No No No No No No N	d. Picking up Pos	t Office box mail				
Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	e. Buying money	orders				
Other postal services: a. Entering permit mailings Yes No Do No Do No Do No Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No No Do No	Certified mail, if Delivery Confin	Registered mail, Ins	sured mail, e	□	П	
a. Entering permit mailings Yes No Do No Do No Do No Do You pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No Do	g. Sending Expre	ss Mail				
b. Resetting/using postage meter Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs?	Other postal serv	rices:				
Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No V	a. Entering permi	it mailings	Yes 🗌	No 🗌		
personal needs? Yes No	b. Resetting/usin	g postage meter	Yes	No 🗆		
	personal needs?	Yes	; 🗆	No		
				ity? (Check all that a		
Shopping	For which of the fo services?	illowing do you leav	e your communi	ity? (Check all that a	pply.) Where do yo	
Shopping Personal needs	For which of the fo services? Shopping	llowing do you leav	e your communi	ity? (Check all that a	pply.) Where do yo	
	For which of the for services? Shopping Personal needs	llowing do you leav	e your communi	ity? (Check all that a	pply.) Where do yo	
Personal needs	For which of the for services? Shopping Personal needs Banking	llowing do you leav	e your communi	ity? (Check all that a	pply.) Where do yo	

4.	Do you currently use local businesses in the community?
	Yes ID No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. Ink you for taking the time to complete this questionnaire.
Nan	ne: $AULINE BANTER$ (please print your name) Iress: $308 HAYES ST$
Add	Iress: 308 HAYES ST

Telephone number: \$70 -4.50 -5542 Date: 10 -18 - 10

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 Please check the a 	ppropriate box to	indicate wheth	er you use ti	he Hoxie f	Post Office for each	of the following:
Postal Services		Daily	w	eekly	Monthly	Never
a. Buying stamps						
b. Mailing letters						
c. Mailing parcels						· 🗆
d. Picking up Post	Office box mail					
e. Buying money	orders					
	legistered mail, Ins nation, or Signatur	sured mail,	٠.	_ _		
Other postal servi	ces:					
a. Entering permit	mailings	Yes 🗌	No			
b. Resetting/using	postage meter	Yes 🗌	No			
Do you pass anoth personal needs?		itation during b	eusiness hou	rs while tra	eveling to or from wo	ork, or shopping, o
If yes, which offices		**************************************		***************************************		MANAGEMENT CONTRACTOR OF THE PARTY OF THE PA

				* *************************************		
For which of the fol services?	lowing do you leav	re your commu	unity? (Chec	ok all that a	apply.) Where do yo	u go to obtain the
Shopping						
Personal needs						nhaaan111111111111111111111111111111111
Banking						**************************************
Employment		***************************************				
Social needs	П					



4.	Do you currently use local businesses in the community?
	Yes ♥ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	as long as I get my mail.
	Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Ruby Powers (please print your name) ress: $8065W Law. St 72433$
Add	ress: 806 SW Law. St 72433
	phone number: Date: Date:

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Postal Services		Daily	Weekly	Monthly	Never
a. Bu y ing stamps				ė.	
b. Mailing letters		S		• 	
c. Mailing parcels					Orcassiona C
d. Picking up Post O	ffice box mail	Ď			
e. Buying money or	ders				Occassion
Obtaining special s Certified mail, Reg Delivery Confirmal Confirmation Sending Express I	gistered mail, Ins tion, or Signature	ured mail,			
Other postal service	9 9:				
a. Entering permit m	ailings	Yes 🗌	No D		
b. Resetting/using p	ostage meter	Yes 🗌	No p		
Do you pass another personal needs?		tation during busi	iness hours while tra	· · ·	rk, or shopping, or for
If yes, which offices:	****			•	
For which of the follow services?	wing do you leav	e your communit	y? (Check all that a	ipply.) Where do you	u go to obtain these
Shopping					
Personal needs					
Banking	_			***************************************	
Employment					



4.	Do you currently use local businesses in the community?
	Yes 🖄 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ress: <u>P.D. Go X 250</u> , HOX 1 P, AL 724 5 3 phone number: <u>870-886-9709</u> Date: <u>10-18-10</u>
Add	ress: P.D. DOX 250 , HOXIP, AL 724
Tele	phone number: 870-886-9709 Date: 10-18-10

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Please check the appropr	iate box to indicate whether	you use the Hoxie F	ost Office for each	of the following:
Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps				. A
b. Mailing letters		4		
c. Mailing parcels				X
d. Picking up Post Office	box mail			X
e. Buying money orders				(A)
f. Obtaining special service Certified mail, Register Delivery Confirmation, Confirmation g. Sending Express Mail	ed mail, Insured mail,			SI JEI
Other postal services:				
a. Entering permit mailin	gs Yes □	No Ø		
b. Resetting/using posta	ge meter Yes 🗌	No 💢		
Do you pass another Post personal needs? If yes, which offices:	Office or Station during bus Yes Pour	siness hours while tra		ork, or shopping,
services?	do you leave your communi	O	pply.) Where do yo	u go to obtain th
Shopping		edge E	101 QUI	
Personal needs		***************************************		
Banking 2	- 1/	• • • • • • • • • • • • • • • • • • • •		
Employment	1/			artea de la companya
Social needs				

4.	Do you currently use local businesses in the community?
	Yes 🗆 No 🖭
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: $9045WLAW$, $140XiR$, $AR72433$ phone number:
Add	ress: 904 5 W LAW, HOX'R, AR 72433
Tele	phone number: Date: 10-/6-/0

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. Please check the a	appropriate box to	indicate whether	you use the Hoxie F	ost Office for each	of the following:
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps					
b. Mailing letters					
c. Mailing parcels					
d. Picking up Post	Office box mail				
e. Buying money	orders		, , , , , , , , , , , , , , , , , , ,		
	al services, includir Registered mail, Ins nation, or Signatur	sured mail,			
g. Sending Expres	s Mail				
Other postal servi		Yes □	No 🗆		
b. Resetting/using	g postage meter	Yes 🗌	No 🗌		
Do you pass anoth personal needs?	Yes	5 A	No		ork, or shopping,
	WALI	ut Ridge	ythr. to	bortia Ar	
For which of the fol services? Shopping Personal needs Banking	llowing do you leav		y? (Check all that a	apply.) Where do yo	u go to obtain the
Employment			AAAAHIIII UUUUU AAAA	- MARAN MUDUAL	
Social needs					

4.	Do you currently use local businesses in the community?
	Yes 🗆 No 🔀
5.	change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	A good Ideal!
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: 611 Lawrence 511
Add	ress: 611 Lawrence 511
Tele	phone number: <u>870-886-39</u> 53 Date: <u>/0-17-10</u>

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Please check the	appropriate box to i	ndicate whether	you use	he Hoxie I	Post Office for each	of the followi
Postal Services		Daily	٧	/eekly	Monthly	Never
a. Buying stamps					\boxtimes'	
b. Mailing letters					风	
c. Mailing parcels						X
d. Picking up Posi	t Office box mail					X
e. Buying money	orders					X
Certified mail, F	al services, includin Registered mail, Ins	ured mail,				
Confirmation	mation, or Signature					Ø
g. Sending Expres	ss Mail					X
Other postal serv	ices:					
a. Entering permi	t mailings	Yes 🔲	No	Ø		
b. Resetting/using	g postage meter	Yes 🔲	No	Ø		
personal needs?	Yes			No	aveling to or from wo	
			MAAAA		apply.) Where do yo	
services?				Make and compare an	-pp.j.j	- g
Shopping	□ Weelgut Ridge					
Personal needs	- Hoxie					
Banking	- Hoxie					
Employment	O Ru	TARR	******			
Social needs	0 Hox	78 + 1	Valn	ut Re	dee	

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4.	Do you currently use local businesses in the community?
	Yes No □
5.	change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	9002
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	None
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: 600 NW Edgar Apt 12 Haxies sphone number: 870-679-0361 Date: 10/16/10
Add	ress: 600 NW Edgar Apt 12 HOXIE
Tele	phone number: 876-679-0361 Date: 10/16/10

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Postal Services		Daily	V	Veekly	Monthly	Never
a. Buying stamps						
b. Mailing letters				V		
c. Mailing parcels						4
d. Picking up Post	Office box mail					G
e. Buying money o	orders			[
	l services, includir egistered mail, Ins nation, or Signature	ured mail,			П	₽ /
g. Sending Expres	s Mail					
Other postal serving. a. Entering permit b. Resetting/using	mailings	Yes Yes	No No			
Do you pass anothe personal needs? If yes, which offices	Yes	ia		No	aveling to or from wo	
For which of the foll services? Shopping	owing do you leav	e your communi	ty? (Che	ck all that a	ipply.) Where do yo	ou go to obtain
Personal needs					***************************************	
Banking	D					
Employment		Retired				
Social needs						



4.	Do you currently use local businesses in the community?
	Yes 🗌 No 😥
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments i wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Verdie Middlecoff (please print your name)
Add	ress: 202 5 free 57. Hoxie, Ar 72433 phone number: 870-886-2587 Date: 10-18-10
Tele	phone number: 870-886-2587 Date: 10-18-10

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Postal Services		Daily	Weekly	Monthly	Neve
a. Buying stamps					
b. Mailing letters					
c. Mailing parcels					
d. Picking up Pos	d. Picking up Post Office box mail				
e. Buying money	orders				
Certified mail, f	al services, includir Registered mail, Ins	ured mail,			
Delivery Confineration	mation, or Signature	e 			
g. Sending Expres	ss Mail				
Other postal serv	ices:				
a. Entering permi		Yes 🗌	No 🗆		
b. Resetting/usin-	g postage meter	Yes 🔲	No 🗆		
personal needs?	Yes		No	aveling to or from wo	
				apply.) Where do yo	
Shopping					
Personal needs				, , , , , , , , , , , , , , , , , , ,	
			AAA		WW
Banking					
Banking Employment					



4. Do you c	urrently use loc	al businesses in the	community?			
		Yes		No 🔲		
change	o your delive	ry service. What v	vould be your c		de Post Office, there iving service from a ce same location?	
Just as	300d X	No Opinion	Unfavorat	ole 🗌		
6. Following	are comments	I wish to make con-	cerning the propo	osed changes to the	Hoxie Post Office,	
				e or unfavorable effe f your postal service		
		ŧ				
		Please provide any olider in deciding whe		formation that you be proposal.	elieve the Postal	
For additional Thank you for	comments, ple taking the time	ase add on a separa to complete this que	ate piece of pape estionnaire.	r and attach it to this	s form.	
Name:	ebbie (please print yo	J. Sparg	0			
Address: 2	118 Sh	Broad S	f. Storie	AC 72433		
Telephone nur	nber: (870)	886-7013	Date:	0/18/10		

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Postal Services		Daily	W	eekly	Monthly	Neve
a. Buying stamps					U	
b. Mailing letters						
c. Mailing parcels		***		Z		
d. Picking up Post Office box maile. Buying money orders		卤				
						Ø
	al services, includir Registered mail, Ins mation, or Signatur	sured mail,		I		
g. Sending Expres	g. Sending Express Mail			CY .		
Other postal serva. Entering permi		Yes 🗌	No	ď		
b. Resetting/using	g postage meter	Yes 🗌	No	d		
	s:					······
For which of the for services?	llowing do you leav	e your communi	ty? (Chec	k all that a	apply.) Where do yo	u go to obta
Shopping						***************************************
Personal needs						
Banking						
Employment	Ο					



4.	Do you currently use local businesses in the community?						
	Yes Ⅳ No □						
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?						
	Just as Good ☑ No Opinion ☐ Unfavorable ☐						
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.						
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.						
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.						
	additional cornments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.						
	ne: Hoxie School						
Nan	ne: / FAIX ONLOO (please print your name)						
Add	ress: 305 SW Alice St., Hoxie, AR 12433						
	phone number: Date: 10-18-10						

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a. Buying stamps	Please check the	appropriate box to i	indicate whether	you use the	e Hoxie F	ost Office for each	of the follow
b. Mailing letters	Postal Services		Daily	We	ekly	Monthly	Neve
c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No No No No No No No No No N	a. Buying stamps					ĬZ	
d. Picking up Post Office box maif e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No No No No No No No No No N	b. Mailing letters				v		
e. Buying money orders	c. Mailing parcels						図
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No No	d. Picking up Post	Office box mail					区,
Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	e. Buying money	orders					Ø
g. Sending Express Mail	Certified mail, F Delivery Confire	Registered mail, Ins	sured mail, e	ļ		П	[7]
Other postal services: a. Entering permit mailings Yes No Mo b. Resetting/using postage meter Yes No Mo Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No Mo							
a. Entering permit mailings Yes No Mo No Mo Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No Mo	g. Sending Expres	ss Mail					ĸ
b. Resetting/using postage meter Yes \(\square\) No \(\square\) Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes \(\square\) No \(\square\)	Other postal serv	ices:					
Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No No	a. Entering permi	t mailings	Yes 🗌	No	X		
personal needs? Yes No No	b. Resetting/using	g postage meter	Yes 🔲	No	X		
If you which offices:			_	siness hour		•	rk, or shopp
If yes, which offices:	If yes, which office	S:					
	For which of the fol services?		e your commun	ny: (Secon	an triat a	ppiy.) Triloid do yo	a go to obti
	Shopping			WARRANGE AND THE TOTAL OF THE T			
services?	Personal needs	D	<u></u>				
Shopping Personal needs	Banking	□ Bank	in Moxie	2	****	·	······································
Shopping Personal needs D	Employment	A					
Shopping Personal needs Banking Bank in Hox; e	Social needs	M					



4.	Do you currently use local businesses in the community?
	Yes ™ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	no Comments
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	no comments
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: <u>Joure Hutsell</u> (please print your name)
	ress: 209 SW Goldman St

Telephone number: 87/1 - 886 - 6455 Date: 10 - 17 - 10

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. Please check the a	appropriate box to i	indicate whether	r you use th	e Hoxie Po	ost Office for each	of the following:
Postal Services		Daily	We	ekly	Monthly	Never
a. Buying stamps					₽ ·	
b. Mailing letters						
c. Mailing parcels						
d. Picking up Post	Office box mail					
e. Buying money	orders					
Delivery Confirmation	Registered mail, Ins nation, or Signatur	sured mail,				
g. Seriding Expres	ss Mail					
Other postal serv		pt		r		
a. Entering permit	-	Yes 🔲	No			
b. Resetting/using	j postage meter	Yes 🗌	No			
Do you pass anoth personal needs?		tation during bu	siness hour	s while trav		rk, or shopping,
If yes, which office	s:					
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					under harman and a second a second and a second a second and a second a second and a second and a second and a second and a second and
For which of the fol	llowing do you leav	e your commun	ity? (Check	t all that ap	ply.) Where do you	u go to obtain the
Shopping						
Personal needs						
Banking						
Employment	(nonny					
Social needs	П					

,	Da you supportly use treat hyginesees in the dampunity?
4.	Do you currently use local businesses in the community?
	Yes ☑ No ☐
5.	change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ne: Campe Janes (please print your name)
Add	DA 225
Tele	phone number: 870-886-733) Date: 10-10-0

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1.	Please check the app	propriate box to in	ndicate whether	you use	the Hoxie F	Post Office for each	of the following:
	Postal Services		Daily	٧	Veekly	Monthly	Never
	a. Buying stamps					D2	
	b. Mailing letters						
	c. Mailing parcels				v		
	d. Picking up Post C	office box mail	图				
	e. Buying money or	ders					U
	f. Obtaining special : Certified mail, Rep Delivery Confirma Confirmation	gistered mail, Insi tion, or Signature	ured mail,				
	g. Sending Express	Mail	L.!			<u></u>	
	Other postal service	es:			æ		
	a. Entering permit n	nailings	Yes 🔲	No	Ø		
	b. Resetting/using p	ostage meter	Yes 🗌	No			
2.	Do you pass another personal needs? If yes, which offices:	Yes			No	Ø	
					<u> </u>		
3.	For which of the follo services?	wing do you leave	e your communi	ty? (Che	ck all that a	ipply.) Where do you	ugo to obtain these
	Shopping					······································	
	Personal needs					444	·
	Banking			······································	UNINIA AMIN'NY TANÀNA MANDRANDA NA BANDANDA NA		
	Employment						Week,
	Social needs	П					

4.	Do you currently use local businesses in the community?
	Yes ♥ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
	-Hovin School
Nan	ne: 1000 SWV00 C
Add	P.O. Box 130, Hoxie, AR 72433
Tele	phone number: Date: 1018/10

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1. Please check th	e appropriate box to i	indicate whether	you use the Hoxie P	ost Office for each	of the following:
Postal Service	s	Daily	Weekly	Monthly	Never
a. Buying stam	ps			र्च	
b. Mailing letter	S				
c. Mailing parce	els		Ø		
d. Picking up P	ost Office box mail				
e. Buying mon	ey orders				Ø
Certified mai		sured mail,	Ø Ø		
Other postal se		_			
 Entering per 	mit mailings	Yes 🗌	No ☑		
b. Resetting/us	ing postage meter	Yes 🔲	No 🔟		
Do you pass and personal needs?		tation during bus	iness hours while tra	_	ork, or shopping, or
If yes, which offi	ces:				
3. For which of the services?	following do you leav		_		
Shopping					
Personal needs				4440A(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Banking				MAAMIII::::::::::::::::::::::::::::::::	
Employment	<u> </u>	***************************************			
Social needs					



4.	Do you currently use local businesses in the community?
	Yes Mo No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	e: Hoxie School
Add	P.O. Box 240, 40 Apr. 72433
Tele	phone number:

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٠, ٠	icase wiesk tile ap						
P	ostal Services		Daily	W	/eekly	Monthly	Nev
a.	Buying stamps					X	
b.	Mailing letters				×		
C.	Mailing parcels					×	
d.	Picking up Post C	Office box mail					A
e.	. Buying money or	ders				×	
f.	Obtaining special Certified mail, Re Delivery Confirma	gistered mail, Ins	sured mail,				
	Confirmation	non, or olghann				¥	
g.	Sending Express	Mail				¥	
O	ther postal servic	es:					
	Entering permit n		Yes 🗌	No	X		
a. b.	Entering permit n	nailings oostage meter	Yes 🗌	No	À		
a. b. Do pe	Entering permit n Resetting/using p o you pass another ersonal needs?	nailings postage meter Post Office or S Yes	Yes ☐ tation during bus	No siness hou	urs while tra		
a. b. Dope	Entering permit in Resetting/using properties of you pass another ersonal needs? yes, which offices: or which of the followices?	nailings postage meter Post Office or S Yes	Yes ☐ tation during bus	No siness hou	urs while tra	×	
a. b. Dope	Entering permit in Resetting/using property of you pass another ersonal needs? yes, which offices: or which of the followices?	nailings postage meter Post Office or S Yes wing do you leav	Yes ☐ tation during bus	No siness hou	urs while tra	*	u go to obt
a. b. Dope	Entering permit in Resetting/using properties of you pass another ersonal needs? yes, which offices: or which of the followices?	nailings postage meter Post Office or S Yes wing do you leav	Yes tation during bus The property of the second	No siness hou	urs while tra	apply.) Where do yo	u go to obt
a. b. Dope	Entering permit in Resetting/using property of you pass another ersonal needs? yes, which offices: or which of the followices?	nailings postage meter Post Office or S Yes wing do you leav	Yes tation during bus The property of the second	No siness hou	urs while tra	apply.) Where do yo	u go to obt
a. b. Dope	Entering permit in Resetting/using property of you pass another ersonal needs? yes, which offices: or which of the followices? hopping ersonal needs	nailings postage meter Post Office or S Yes wing do you leav	Yes tation during bus re your communi	No siness hou	urs while tra	apply.) Where do yo	u go to obi



4.	Do you currently use local businesses in the community?
	Yes.₩ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
For	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	(please print your name)
Add	ress: 415N.W. Edgar St. Hoxie OR
Tele	phone number: Date: 10-17-10

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1.	Please check the appropriate box to indicate whether you use the Hoxle Post Office for each of the following:								
	Postal Services		Daily	W	/e ekly	Mont	thly	Never	
	a. Buying stamps					G	Q		
	b. Mailing letters		ø]		
	c. Mailing parcels				₽		J		
	d. Picking up Post C	Office box mail	回]		
	e. Buying money orders]	回	
	f. Obtaining special Certified mail, Re Delivery Confirma Confirmation g. Sending Express	gistered mail, Ins ation, o r Signature	ured mail,		d d	[[]]		
	Other postal service		Yes □	No					
	a. Entering permit nb. Resetting/using p	-	Yes □	No	لطر اتع	•			
2.	Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or personal needs? Yes No (1)								
	If yes, which offices:								
	For which of the follo services?	wing do you leav	e your communi	ity? (Che	ck all tha	t apply.) Whe	ere do yo	u go to obtain these	
	Shopping						***************************************	*	
	Personal needs	Ο							
	Banking					10000000		JULY-UU-UU-UU-UU-UU-UAAAAAA	
	Employment							, ,,,,,,	
	Social needs				·····				



4.	Do you currently use local businesses in the community?
	Yes ✓ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
	Just as Good AV No Opinion Unfavorable U
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	•
For	additional comments, please add on a separate piece of paper and attach it to this form.
	nk you for taking the time to complete this questionnaire.
Nan Add	ress: 306 SW Alice Hoxie AN 28433
Tele	phone number: Date: 10-18-10

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Please check the a	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following							
Postal Services		Daily	Weekly	Monthly	Never			
a. Buying stamps				Ø				
b. Mailing letters		Ø						
c. Mailing parcels			ď					
d. Picking up Post	Office box mail	回						
e. Buying money	orders				ロ			
	Registered mail, Ins nation, or Signature	ured mail,	□ 2 ∕					
Other postal serv	ices:		1					
a. Entering permit	t mailings	Yes 🗌	No 🔽					
b. Resetting/using	g postage meter	Yes	No 🗹					
personal needs?	Yes		iness hours while tra					
ir yes, wrich office:								
For which of the for services?	llowing do you leav	e your communit	ty? (Check all that a	pply.) Where do yo	u go to obtain			
Shopping		***************************************			***************************************			
Personal needs		K.			4			
Banking		MANAGEMENT AND ASSESSMENT OF THE SECOND ASSESS			h h h h d d d d d d d d d d d d d d d d			
Employment		and the second s	A HILLIAND AND AND AND AND AND AND AND AND AND		~2444 <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>			
Social needs								

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4.	Do you currently use local businesses in the community?
	Yes 🗹 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
For	II. Other Comments: Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	nk you for taking the time to complete this questionnaire.
Nan	ne: Hoxi2 School (please print your name)
Add	ress: Was Sw Hartigan Hour AR 12433
Tele	phone number: Date: 10-1840'

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riease check the a	appropriate box to	indicate whether)	ou use me noxie r	ost Office for each	or the lollo		
Postal Services		Daily	Weekly	Monthly	Nev		
a. Buying stamps			Ø				
b. Mailing letters			国				
c. Mailing parcels				Ø			
d. Picking up Posi	Office box mail	*					
e. Buying money	orders						
	al services, includir Registered mail, Ins mation, or Signatur	sured mail,					
Confirmation	11-11-11-11-11-11-11-11-11-11-11-11-11-						
g. Sending Expres	ss Mail						
Other postal services:							
a. Entering permi	t mailings	Yes 🗌	No 🗹				
b. Resetting/using postage meter		Yes □	No ☑				
personal needs?	Yes	s 🗆	No	eveling to or from wo	·		
For which of the fo services?	llowing do you leav	e your community	y? (Check all that a	pply.) Where do yo	u go to obt		
Shopping		^	MAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		NOVARA		
Personal needs			A A A A A A A A A A A A A A A A A A A				
Banking		A STATE OF THE STA	A STATE OF THE STA	addition of the state of the st	###*		
Employment							
Social needs	v Jone	SON					



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Marsha Jonas (please print your name)
Add	180 LAW 811/4 tollin all 12/23
Tele	phone number: Date: 10-18-10_

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1.	. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:					
	Postal Services	Daily	Weekly	Monthly	Never	
	a. Buying stamps			X		
	b. Mailing letters			X		
	c. Mailing parcels				X	
	d. Picking up Post Office box mail					
	e. Buying money orders			×		
	 f. Obtaining special services, includir Certified mail, Registered mail, Ins Delivery Confirmation, or Signature Confirmation 	ured mail,	П	п	l e zi	
	g. Sending Express Mail				X X	
	g. Collaing Explose Hall		!!	_	4	
	Other postal services:					
	a. Entering permit mailings	Yes 🗌	No 🔀			
	b. Resetting/using postage meter	Yes 🗌	No 🔀			
2.	Do you pass another Post Office or S personal needs?	tation during bus	iness hours while tra	_	rk, or shopping, o	r fo
	If yes, which offices:	Flidgo, A	R. 72476			
3.	For which of the following do you leav services?	e your communi		,,,,,	u go to obtain thes	se
	Shopping X Jones	boro, AR	+ Waln	ud Ridgo	HIII	
	Personal needs XI	mut Ri	dgo	<u> </u>	******************************	
	Banking		***************************************		HHHHIIIIIhhidaahhidaaah	
	Employment					
	Social needs	Lnux R	idg_e			
			~ ~			

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4.	Do you currently use local businesses in the community?
	Yes X No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion ☐ Unfavorable ☐
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Patricia Douglas (please print your name)
Add	ress: 5045.E. 3rd Hoxie, AR 72433
Tele	phone number: 809-4284 Date: 10-16-10

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c. Mailing parcels	Postal Services		Daily	٧	Veekly	Monthly	Never
c. Maling parcels	a. Buying stamps	ę				4€	
d. Picking up Post Office box mail	b. Mailing letters						
e. Buying money orders	c. Mailing parcels						Ð
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	d. Picking up Pos	t Office box mail					Þ
Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No No Do you pass another Post Office or Station during business hours while traveling to or from work, or shoppin personal needs? Yes No No Stripping For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain services? Shopping Personal needs Banking Employment	e. Buying money	orders					K
Confirmation	Certified mail, I	Registered mail, I	nsured mail,				
Other postal services: a. Entering permit mailings Yes No Do Do No Do N							8
a. Entering permit mailings Yes No No No Do you pass another Post Office or Station during business hours while traveling to or from work, or shoppin personal needs? Yes No If yes, which offices: For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain services? Shopping Personal needs Banking Employment Employment Employment Employment Personal needs Personal	g. Sending Expre	ss Mail					
b. Resetting/using postage meter Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping No Do you leave your community? (Check all that apply.) Where do you go to obtain services? Shopping Personal needs Banking Employment Employment	Other postal serv	rices:					
Do you pass another Post Office or Station during business hours while traveling to or from work, or shoppin personal needs? Yes No	a. Entering perm	it mailings	Yes 🗌	No	_		
Personal needs? Yes No P If yes, which offices: For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain services? Shopping Personal needs Personal ne	b. Resetting/usin	g postage meter	Yes 🗀	No	Þ		
Shopping Personal needs Banking Employment Shopping Employment Shopping Shopping Employment Shopping	If yes, which office	s:					
Personal needs Banking Employment		niowing ac you le	ave your commun	ity? (Che	ck all that a	ippiy.) vvnere do yo	и до то овтатп
Banking Employment	Shopping					ooden had a see a se	HHHHHHIA A A A A A A A A A A A A A A A A
Employment	Personal needs		PROF				
	Banking			***************************************			hhidaaahidaaah
Social needs	Emolovment						
					***		***************************************

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4.	Do you currently use local businesses in the community?
	Yes_DNo □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	Leave where its At
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: $\frac{5ames}{(please print your name)}$ ress: $\frac{205Ne}{(please print your name)}$ rephone number: $\frac{10-16-20}{(please print your name)}$
Add	ress: 128 Ne Cleveland
Tele	phone number: Date: 10-10 2

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Please check the a	appropriate box to i	ndicate whether	you use the Hoxie F	ost Office for each	ch of the follo
Postal Services		Daily	Weekly	Monthly	Neve
a. Buying stamps				铽	
b. Mailing letters				图	
c. Mailing parcels					
d. Picking up Post	t Office box mail				
e. Buying money	orders			 ✓	
Certified mail, F	al services, includir Registered mail, Ins mation, or Signatur ss Mail	ured mail,			[S.
Other postal serv					
a. Entering permi	t mailings	Yes 🗌	No 🔼		
b. Resetting/using	g postage meter	Yes 🗌	No 🗹		
Do you pass anoth personal needs?		tation during bus	iness hours while tra		work, or shop
If yes, which office	s:				
. For which of the fo	llowing do you leav	e your communit	y? (Check all that a	ip ply .) Where do y	you go to obta
Shopping	🛛				
Personal needs					
Banking	四				
Employment	<u> </u>				
Social needs	M.				



4.	Do you currently use local businesses in the community?
	. Yes 🗌 No 🗍
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☒ No Opinion ☐ Unfavorable ☐
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
E~-	additional removate places add as a congrete piace of sone and attack it to this form
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ne: Donald & Becky Gray (please print your name)
Addı	ress: HDY N/W, Sullivan
Tele	phone number: Date: //////////

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Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:				of the following:	
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps					
b. Mailing letters					
c. Mailing parcels					冥
d. Picking up Post C	Office box mail				Ø
e. Buying money or	ders		E-mail Mail	[]	ヌ
Certified mail, Re Delivery Confirma Confirmation g. Sending Expréss	gistered mail, Insu ation, or Signature Mail	ired mail,	·	Lund'	* * X * * * * * * * * * * * * * * * * * * *
• ,		,		÷	1
		Yes 🗌			
b. Resetting/using p	ostage meter	Yes □	No 🗷		
personal needs?	Yes	D		No 🗌	ork, or shopping, or for
services?	wing do you leave				ou go to obtain these
	, TNA	Sboro		***************************************	•
	x vone	slavo R	egion	2	
_	& Jac	400(0) - H	entaac		
Social needs	AN	Slooro, AV	men	npnis, TN S	jermor, TN
	Postal Services a. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Ce e. Buying money or f. Obtaining special Certified mail, Re Delivery Confirmation g. Sending Express Other postal service a. Entering permit in b. Resetting/using p Do you pass another personal needs? If yes, which offices: For which of the folloservices? Shopping Personal needs Banking Employment	Postal Services a. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certifled mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings b. Resetting/using postage meter Do you pass another Post Office or Stapersonal needs? Yes If yes, which offices: Yes For which of the following do you leave services? Shopping Personal needs Banking Employment	a. Buying stamps	A Buying stamps	Postal Services Buying stamps Buying stamps Buying stamps Buying getters C. Mailing parcels C. Mailing parcels C. Mailing parcels C. Mailing parcels C. Mailing protein and the protect of the post of the following do you leave your community? (Check all that apply.) Where do you services? Shopping Personal needs Daily Weekly Monthly Monthly Monthly About 19 A



4,	Do you currently use local businesses in the community?
	Yes □ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good 【☑ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	I nonestly do not see how this affects me in anyway. If all the same services are still provided, why does
	It even matter.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Kelsey Duft
ДΗН	ress: 2001SE Pront St. Hoxye AR 72433
	ephone number: 87076159142 Date: 101610

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riease check the a	appropriate box to i	ndicate whether	you use the Hoxie i	ost unice for each	or the rollowing
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps	a. Buying stamps			X	
b. Mailing letters				Þ	
c. Mailing parcels					冥
d. Picking up Post	Office box mail				Д
e. Buying money	orders				×
	Registered mail, Ins nation, or Signatur	ured mail,			
Other postal serv	ices:				
a. Entering permi	t mailings	Yes 🗌	No D		
b. Resetting/using postage meter		Yes 🗌	No 15		
Do you pass anoth personal needs?		tation during busi	ness hours while tra	aveling to or from wo	ork, or shopping
If yes, which offices	s:				
For which of the for services?				apply.) Where do yo	u go to obtain t
Shopping	□			***************************************	
Personal needs					utaaahtidaahtidaahtidaahtid
Banking				,	10000000000000000000000000000000000000
Employment		- N "	***************************************		***************************************
Social needs			1		



4 .	Do you currently use local businesses in the community?
	Yes 🗆 No
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion □ Unfavorable □
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	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
	re: Donna S. Filans (please print your name)
Addr	phone number: 870-886-3848 Date: 10-18-10
Tele	phone number: 870-886-3848 Date: 10-18-10

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l. Please	check the appropriate box to	indicate whether y	ou use the Hoxie P	ost Office for each	of the following:
Posta	l Services	Daily	Weekly	Monthly	Never
a. Buy	ving stamps				
b. Ma	iling letters				Court
c. Mai	iling parcels				HARAS AND
d. Pic	king up Post Office box mail				
e. Bu	ying money orders			□ Z	
Cer Del Cor	aining special services, includi tified mail, Registered mail, In ivery Confirmation, or Signatu nfirmation nding Express Mail	sured mail,			
	postal services: tering permit mailings	Yes 🗹	No 🗌		
b. Re	setting/using postage meter	Yes [No 🗗		
person	u pass another Post Office or Stal needs? Ye which offices:	s P	No		
service Shoppi	ing 🗗	ve your community	/? (Check all that a	pply.) Where do you	u go to obtain these
	nal needs		дения		
Bankin					
Employ			**************************************		
Social	noode //				



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments t wish to make concerning the proposed changes to the Hoxie Post Office.
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	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Lisa Cuggia S (please print your name)
Add	ress: 101 2050 Greden
Tele	phone number: 870159 0756 Date: 10-16-10

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		Daily	Weekly	Monthly	Neve
a. Buying stamps			E		
b. Mailing letters		9			
c. Mailing parcels				E C	
d. Picking up Post	Office box mail				
e. Buying money	orders		Montains abhains		
	d services, includin legistered mail, Ins nation, or Signature	ured mail,		_	
Confirmation	ration, or orginature				
g. Sending Expres	s Mail			<u>a</u>	
Other postal servi	ces:				
a. Entering permit	mailings	Yes 🗌	No P		
b. Resetting/using	postage meter	Yes 🗌	No 🖸		
	er Post Office or Si	_	iness hours while tra		ork, or shopp
Do you pass anothe personal needs?	Yes	L			
personal needs?					***************************************
If yes, which offices For which of the fol	S:				
If yes, which offices For which of the fol services?	S:				
personal needs? If yes, which offices For which of the fol services? Shopping	S:				
If yes, which offices For which of the fol services? Shopping Personal needs	S:				
If yes, which offices For which of the fol services? Shopping	S:				



4.	Do you currently use local businesses in the community?
	Yes [No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	it wild Build a new Post
	IF you would Build a ren Post OFFice in the middle or Close to it
	For both towns.
) 87 BOM 1852 -
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Derris Coggins
Add	ress: 101 Rosa Garden Hoxio

Telephone number: 8762100549 Date: 10-16-10

UNITED STATES
POSTAL SERVICE

DOCKETNO.	70433
ITEM NO.	23-
DAGE	10<

a. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post C e. Buying money orc f. Obtaining special s Certified mail, Regi Delivery Confirmati Confirmation g. Sending Express Ma Other postal services: a. Entering permit mails	
c. Mailing parcels d. Picking up Post C e. Buying money orc f. Obtaining special s Certified mail, Regi Delivery Confirmati Confirmation g. Sending Express Mi Other postal services:	
d. Picking up Post C e. Buying money orc f. Obtaining special s Certified mail, Regi Delivery Confirmati Confirmation g. Sending Express Mi	
f. Obtaining special s Certified mail, Regi Delivery Confirmati Confirmation g. Sending Express Mi Other postal services:	
f. Obtaining special s Certified mail, Regi Delivery Confirmati Confirmation g. Sending Express Mi Other postal services:	
Certified mail, Regi Delivery Confirmati Confirmation g. Sending Express Mi Other postal services:	
a. Entering permit mails	
b. Resetting/using posts	
Do you pass another Post Office or Station during business hours while traveling to or from w personal needs? Yes No V If yes, which offices:	



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5,	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☑
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	·
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	octation strong consider in deciding whether to adopt the proposar.
	* Name
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Betty J. Stayton (please print your name)
Add	ress: 201 S.W. Gibson St. Hoxie ARK, 22433

Telephone number \$ 70-886-5758 Date: 10-18-10



DOCKETNO.

ITEM NO. PAGE

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Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following: **Postal Services** Weekly Monthly Daily Never a. Buying stamps П b. Mailing letters П c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders \Box f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail П П П Other postal services: a. Entering permit mailings Yes 🗌 П b. Resetting/using postage meter Yes 🗌 П Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes 🗌 No 🗌 If yes, which offices: 3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping Personal needs **Banking Employment** Social needs

Do you currently use local businesses in the community	
	n

Yes 🗌

No 🗌

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good

No Opinion

Unfavorable 🔀

- Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
 - I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

I do not want walmit dedge in Change of my mail sto fine just like it is let us be in charge of theirs

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: Virgin if SHArp (please print your name)

Address: 605 SE Cotter

Telephone number: 820-886-655/ Date: 10-16-10

UNITED STATES
POSTAL SERVICE

DOCKETNO.	72433
ITEMNO	22
PAGE	(07-1

a. Buying stamps	
c. Mailing parcels	⋈
d. Picking up Post Office box mail	⋈
e. Buying money orders	⋈
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No	
Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	_
a. Entering permit mailings Yes \(\bigcup \) No \(\bigcup \)	
b. Resetting/using postage meter Yes ☐ No ☐	
Do you pass another Post Office or Station during business hours while traveling to or from worpersonal needs? Yes 【X】 No □ If yes, which offices: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	

PAGE

Do you currently use local businesses in the community?

Yes 🌠

No 🗆

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good 🔲

No Opinion □

Unfavorable X

- I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Want Klope to mange its own

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: DAVID Gray
(please print your name)

Address: 505 SE MILLER

Telephone number: 870-809-0615 Date: 10-16-10

	UNITED STATES
-	POSTAL SERVICE

Social needs

DOCKETNO	72433
ITEM NO.	22
PAGE	/08

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps				& Seldon
b. Mailing letters				× ··
c. Mailing parcels				Ø
d. Picking up Post Office box m	ail 🗆			×
e. Buying money orders				ĭX
f. Obtaining special services, in Certified mail, Registered ma Delivery Confirmation, or Sig	ill, Insured mail,	_		m 11
Confirmation				Seldom
g. Sending Express Mail				⊠
Other postal services:				
a. Entering permit mailings	Yes 🗌	No 🔀		
b. Resetting/using postage met	ter Yes 🗌	No 🔽		
Do you pass another Post Office personal needs? If yes, which offices:	Yes ⊠	No	-	
For which of the following do you services?	u leave your communit	y? (Check all that a	apply.) Where do yo	u go to obtain these
Shopping	SER NO	reason f	or Post	<u>. </u>
Personal needs	ervice T	o be co	ycerned.	About
	ervice Thing			



	*			
4.	Do you currently use local businesses i	n the community?		
	Yes	\sigma	No 🗀	
5.	If you now receive carrier delivery or change to your delivery service. W station, which will provide the same	hat would be your opinion	about receiving service from a c	
	Just as Good No Opinion	Unfavorable 🔀	•	
6.	Following are comments I wish to make	concerning the proposed ch	anges to the Hoxie Post Office.	
	I. Effect on Your Postal Services [proposal would have on the regula	rity or effectiveness of your p	ostal services.	
I	F There will be	No changes	5. To The servi	ces, who
	ot leave Things If it ain'T broke			es No seuse.
	II. Other Comments Please provide Service should consider in deciding	•		
he	reason I use The	e W.R. Post	roffice mos	sTly, is
ec	ause IT is mo	re conven	ient for me.	·
	additional comments, please add on a so lk you for taking the time to complete thi		ttach it to this form.	
Nam	e: Lowell Smi7 (please print your name)	<u> </u>		
Addı	ess: <u>408 N.E.3r</u>	LST.		
Tele	phone number: <u>870-759-07</u>	209 Date: 10-11	6-10	

UNITED	STATES
POSTAL.	SERVICE

DOCKETNO.	72433
ITEM NO.	99
PAGE	109

1.	Please check the appropriate box to	indicate whether	you use the Hoxie P	ost Office for each	of the following:	
	Postal Services	Daily	Weekly	Monthly	Never	
	a. Buying stamps		A			
	b. Mailing letters	风				
	c. Mailing parcels			Ż		
	d. Picking up Post Office box mail	A				
	e. Buying money orders			X		
	f. Obtaining special services, includi Certified mail, Registered mail, In Delivery Confirmation, or Signatur Confirmation	sured mail, e		A	□ ba	
	g. Sending Express Mail			L	Æ	
	Other postal services:					
	a. Entering permit mailings	Yes 🗌	No 街			
	b. Resetting/using postage meter	Yes 🗌	No 身			
2.		s 🗍	No-f	þ.		r for
	If yes, which offices:					
3.	For which of the following do you lear services?	ve your communi	ty? (Check all that a	oply.) Where do yo	u go to obtain thes	ie
	Shopping #			AAAAH MAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	nnande e e v <u>Managettildadadarramente e</u>	
	Personal needs			**************************************	***************************************	
	Banking A				урган ССС	
	Employment	etires	\		V-V-10000000000000000000000000000000000	
	Social needs	***************************************		- White		

my mailing address since 1940 always Pay on time alene H. Grissom



4.	Do you currently use local businesses in the community?
	Yes No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable 💢
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. ok you for taking the time to complete this questionnaire.
Nam	e: ALENE H GRISSOM (please print your name)
Add	Po R-11 / 611
Tele	phone number: 810-991-9256 Date: 10-19-2010

	UNITEL	STATES
	POSTAL	SERVICE

DOCKETNO.	<u>72433</u>
HTEM NO.	22-
PAGE	110

1.	Please check the appropriate box to in	dicate whether	you use the Hoxie F	Post Office for each	of the following:	
	Postal Services	Daily	Weekly	Monthly	Never	
	a. Buying stamps	A				
	b. Mailing letters	A				
	c. Mailing parcels			\boxtimes		
	d. Picking up Post Office box mail	X				
	e. Buying money orders		Ø			
	Obtaining special services, including Certified mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation Sending Express Mail			[2]		
	Other postal services: a. Entering permit mailings	Yes 🗌	No ŠČ	·		
			* *			
	b. Resetting/using postage meter	Yes 📙	No X			
2.	Do you pass another Post Office or Sta personal needs?	_	iness hours while tra	-	rk, or shopping, or	· for
	If yes, which offices:					
	•					
3.	For which of the following do you leave services?	your communi	ty? (Check all that a	pply.) Where do yo	u go to obtain thes	e
	Shopping X HOXL	<u>L</u>	ALL MANAGEMENT OF THE STATE OF	MINIMA MARINA MARIA MARINA MARIA MARINA MARI	A CONTRACTOR OF THE PROPERTY O	
	Personal needs 🔻 🚻 🗴	<u> </u>			440,000	
	Banking A Hoxe			Add the second s		
	Employment \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>e</u> + <u>c</u>	Joursbar			
	Social needs & Hos	ررگ				



4.	Do you currently use local businesses in the community?
	Yes 🔀 No 🗆
	, and the second
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	When I come into Hoxu 99% of the time
	go just to Hoxie and home It will put
r	re out alot. I don't think that its right re out alot. It don't think that Ridge We
t	or Hoxe to move in Hoxe for
V	roughout the post office in Hoxil Ton years & search. For once think about the
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal
	Think about the customers Alot of
	The Post office
	people works) Don't make
	Dike Some ellerigh. Do an oxtra 3 mile
	Then have walnut Ridge.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Octobrande: Oc
Add	ress: PO-Box 222 Novu AR 72433
Tele	phone number: \$70.886-2793 Date: 10/18//0

UNITED	STATES
POSTAL	SERVICE

DOCKETNO.	
ITEM NO	

72433	
22-	

PAGE

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. Please check the a	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:								
Postal Services		Daily	V	/eekly	Monthly	Never			
a. Buying stamps									
b. Mailing letters									
c. Mailing parcels						B			
d. Picking up Post	Office box mail								
e. Buying money	orders								
	tegistered mail, Ins nation, or Signatur	sured mail,							
Other postal serv	ices;			_					
a. Entering permit	mailings	Yes 🗌	No	9					
b. Resetting/using	postage meter	Yes 🗌	No	日					
Do you pass anoth personal needs?		itation during bus	iness ho	urs while tra No	iveling to or from wo	rk, or shopping, o			
If yes, which offices	.					JULIUM INAAAA MININA TA'AA MAAAAA MAAAAA MAAAAA MAAAAA MAAAAAA MAAAAAA			
A	80400/mmmm - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			,,,,,		·			
····			**		***************************************				
For which of the fol services?	lowing do you leav	e your communi	ty? (Che	ck all that a	pply.) Where do yo	u go to obtain the			
Shopping		**************************************		William Control VIII .	POPULATION AND AND AND AND AND AND AND AND AND AN	MADAMATA			
Personal needs		W. W			WHITE AND THE STREET ST	ppppppp			
Banking		William Control of the Control of th			The state of the s				
Employment		, , , , , , , , , , , , , , , , , , ,			Abbitation in the contract of	нишани			
Social needs									

PAGE

4	Do you	currently use	local busin	nesses in fl	re community?

Yes F

No 🗔

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good

No Opinion ☐ Unfavorable ☑

- 6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
 - I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

If There is going to be no change, why this?

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: BARBARA HACKWORTH

(please print your name)

Address: 600 N.W. Edgar Apt #14

Telephone number: Date: 10-18-10

DOCKETNO

ITEM NO.

PAGE

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***************************************	7	٢	~
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Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:								
Postal Services		Da	ily	٧	eekly/	Monthly	Never	
a. Buying stamps						×		
b. Mailing letters					M			
c. Mailing parcels							A	
d. Picking up Post Off	ice box mail						M	
e. Buying money ord	ers							
f. Obtaining special se Certified mail, Regi Delivery Confirmati Confirmation	stered mail, Ins	ured mai	l,				Ž	
g. Sending Express M	lail						Ø	
Other postal services	5 :							
a. Entering permit ma	ailings	Yes		No	X			
b. Resetting/using po	stage meter	Yes		No	K			
Do you pass another F personal needs?	Yes	: 			No	Ø		
If yes, which offices: _	***************************************	······································				nnaann		
			W					
For which of the follow services?	ing do you leav	e your co	mmunit	y? (Che	ck all that a	apply.) Where do yo	u go to obtain the	
Shopping	□ MA					·····		
Personal needs	□ <u>X/A</u>				***************************************		***************************************	
Banking	□ <u>N/A</u>	***************************************				***************************************		
Employment	□ <u>¼/A</u>							
Social needs	_ <u> </u>							



4.	Do you currently use local businesses in the community?
	Yes M No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable 🙀
€.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal. It would like the option of being able to walk unto
	my metaline and settles sersonal service. Il
	Service should consider in deciding whether to adopt the proposal. It would like the option of being able to walk into my post office and getting personal service. It we have to go to Walnut Ridge.
	charles from a we
	touch. Welnut Rids already has as attitude with their Device! Can you imagine what was additional comments, please add on a separate piece of paper and attach it to this form. her deaths.
	which the her thank and imagine what of
	with their walls it they had woth Home & MR
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. http://www.nk.you.for.taking.the time to complete this questionnaire.
Nam	ne: Redda Russell (please print your name)
Add	ress: 410 NW Lawrence Hoxie, AB 72433
Tele	phone number (870) 759-1146 Date: 10-16-10



DOCKETNO.	
(************************************	

72433

PAGE

23-1

. Please check the	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:								
Postal Services		Daily	V	Veekly	Monthly	Never			
a. Buying stamps									
b. Mailing letters					D				
c. Mailing parcels									
d. Picking up Pos	t Office box mail								
e. Buying money	orders				9				
	Registered mail, Ins mation, or Signatur	sured mail,							
Other postal serv	ices:								
a. Entering permi	t mailings	Yes 🗌	No	U					
b. Resetting/using	g postage meter	Yes 🗌	No						
Do you pass anoth personal needs?		Station during bu	siness ho	urs while tra No	aveling to or from wo	rk, or shopping,			
If yes, which office	s:								
					apply.) Where do you				
services?	young oo you lead	, your commun	my: (Oile	WAY CHE CHICAL C	ibbià') saudio do Aor	a go to obtatil ti			
Shopping	1 fores	speza		шшылал	····	on			
Personal needs		1/MAVLS	- 41	11/1/41	Kilyn	And the second s			
Banking	B_/tox	10				www.mithiansurvery			
Employment		ddddillillilliddada			uppuuussa —aaaliililililililililililililililil	***************************************			
Social needs									



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				t y Northin	
4.	Do you currently use local businesses in the con	nmunity?			
		, ,			
	Yes Z		No 🗌		
5.	If you now receive carrier delivery or post of change to your delivery service. What woul station, which will provide the same mailing	d be your opinio	n about receiving s	service from a cla	
	Just as Good No Opinion	Unfavorable [1		
6.	Following are comments I wish to make concerni	ing the proposed o	changes to the Hoxie	Post Office.	
	 Effect on Your Postal Services Describe a proposal would have on the regularity or effect. 			u believe the	
	760 most				
	II. Other Comments Please provide any other Service should consider in deciding whether			the Postal	
	gro.				
	Corr		A	DJ.Jeva	OWV
	11 1221	Phoneit	id an ed	Daving	
•	The distribution of the superior of the superi	U Cr			
For Tha	additional comments, please add on a separate p ink you for taking the time to complete this question	iece of paper and innaire.	attach it to this form.		
Мап	ne: <u>Marina John Sch</u> (please print your name)	HON	Brnd	APIS	
Add	1ress: 614 SE DINC 5	F. ADI	+ 6.		
Tele	Press: 614 56 Pinc 5.	Date:	16-10		

UNITEL	STATES
POSTAL	SERVICE

DOCKETNO.	72433
ITEMNO	2->
PAGE	114-1

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	区		ĬŽ.	
b. Mailing letters		又		
c. Mailing parcels			K	Ą
d. Picking up Post Office box mail				
e. Buying money orders				\di
 Obtaining special services, include Certified mail, Registered mail, In Delivery Confirmation, or Signatu Confirmation Sending Express Mail 	nsured mail,		口 対	
Other postal services: a. Entering permit mailings	Yes 🇹	No 🗆		
o. Resetting/using postage meter	Yes 🔲	No 🗆		
Do you pass another Post Office or personal needs? Your figure of the personal needs?	es 🗌	No	凶	· · · · · · · ·
or which of the following do you lea		ty? (Check all that a		
services?	*	g store,	9.Cc	_
Shopping 🛴	Quilon.	7 /		
Personal needs		D. Das	greez s	o Hwe
Ranking 🛛 W	CERVIN J		× 11 (27 1 mm v	, ,
Banking ☑ <u> </u>	Ceru J	N. J. X. S. C.		y y



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	very incorriend
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
Thai	additional comments, please add on a separate piece of paper and attach it to this form. If o, 40
Nam	ress: $\frac{14Fhma}{\text{(please print your name)}}$ Smith 22 , agree $98.19.12$ ress: $\frac{418N_aE}{E}$, $EinzhE$ 91 , 91
Addı	ress: 418 N.E. EINELE DA. HOXIO, 001, 72433
Tele	phone number: 886 2726 Date: 10,19- 50/0



DOCKETNO. 22-ITÉM NO.

Postal Customer Questionnaire

114-2 PAGE

1. Please check t	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
Postal Service	2S	Daily	Weekly	Monthly	Never		
a. Buying stan	nps			叉			
b. Mailing lette	ers	T					
c. Mailing parc	els			X			
d. Picking up F	Post Office box mail				-D		
e. Buying mor	ney orders						
Certified ma							
Other postal s		Yes 📜	No 🗀				
2. Do you pass ar	sing postage meter nother Post Office or Sta	Yes □ tion during busi	No [] ness hours while tra	aveling to or from wo	rk, or shopping, or	for	
personal needs	? Yes		No	Ó			
If yes, which of	fices:		,				
For which of the services?	e following do you leave	· .	,			ŀ	
Shopping		10-45	tro con	175	7/2, an,		
Personal needs	i a wol	mest /1 a	offe, ce	7,	Hwy	67	
Banking	o wal	nort 13.	edge, the	1 Openio	·		
Employment			****		· · · · · · · · · · · · · · · · · · ·		
Social needs							



4.	Do you currently use local businesses in the community?
	Yes ☐ No ☐
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	Good at home mail service Jail
-	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. Would be vn conversely
	· •
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	tress: $\frac{1}{4}$ $\frac{1}{5}$ $\frac{1}{6}$
Add	ress: 418 N.E. Cincle Dr.
Tele	ephone number: 870,886,272 0 Date: 10,18,2010

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ITEM NO.

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Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following: Postal Services Daily Weekly Monthly Never a. Buying stamps 7 П A b. Mailing letters П П c. Mailing parcels d. Picking up Post Office box mail 1 e. Buying money orders П f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation П П g. Sending Express Mail Other postal services: Yes 🗌 a. Entering permit mailings Yes 🗌 b. Resetting/using postage meter Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? No 🛮 Yes 🗌 If yes, which offices: ____ For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? 1 HAYES Walnut Ridge AR Shopping Personal needs Banking Employment Social needs



Telephone number: <u>870</u> 897 1206

4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. Do. No T
	Trovel to walnut Ridge For Mail
	Trovel to walnut Ridge For Mail would be Inconvenit to ME AND
	additiol coost
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ress: 467 N.W. Edgar Hoxes of 72433
Addr	ess: 407 N.W. Edsor Hoxe of 72433

Date: 10-16-10

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72433	



Social needs

1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:					
	Postal Services		Daily	Weekl	y Monthly	Never
	a. Buying stamps					
	b. Mailing letters					
	c. Mailing parcels					
	d. Picking up Post C	Office box mail	Z			
	e. Buying money or	rders				
		services, including gistered mail, Insu ation, or Signature			T	
	g. Sending Express	Mail				Ø
	Other postal servic	es:				
	a. Entering permit r	mailings	Yes 🗌	No 🗷		
	b. Resetting/using p	oostage meter	Yes 🗌	No 💆		
2.	Do you pass another personal needs?	r Post Office or Sta Yes		iness hours w	hile traveling to or fron	n work, or shopping, or fo
	If yes, which offices:					
3.	For which of the follo services?	wing do you leave		•	that apply.) Where d	o you go to obtain these
	Shopping	Z	** 6444111111111111111111111111111111111			
	Personal needs					
	Banking					
	Employment					



4.	Do you currently use local businesses in the community?
	Yes 🗹 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. It you for taking the time to complete this questionnaire.
Nam	e: Russell West (please print your name)
Addr	ess: <u>203 N.F. OAK HOXIE AR</u> phone number: <u>870 679 9441</u> Date: <u>10 -16 - 10</u>
Tele	phone number: 870 679 9441 Date: 10 -/6 - 10

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Postal Services		Daily	ν	/e ekly	Monthly	Never
a. Buying stamps						
b. Mailing letters						
c. Mailing parcels				G.		
d. Picking up Pos	t Office box mail					1
e. Buying money	orders					
Certified mail, F	al services, includir Registered mail, Ins mation, or Signature	ured mail,				
Confirmation	•					
g. Sending Expres	ss Maĭl					
Other postal serv		_				
a. Entering permi	t mailings	Yes 🗌	No			
b. Resetting/using	g postage meter	Yes 🗌	No			
Do you pass anoth personal needs?		tation during bus	iness ho		aveling to or from wo	rk, or shopp
If yes, which office	s:				**************************************	
		MAAAAAAAAA				
For which of the fo services?	llowing do you leav	e your communi	ty? (Che	ck all that a	apply.) Where do you	u go to obta
Shopping	D JON	usture				
Personal needs	D Jun	Jasboro		väähititäähititä		
Banking						
Employment	□ <u>N/</u> A	- R.t.	red		WWW.WW.	
Social needs	B Ja	was bord -		Kh. sme		



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office. I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. The Hoxie Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. The Hoxie Postal Services Describe any favorable or unfavorable effects you believe the proposal services. The Hoxie Postal Services Describe any favorable or unfavorable effects you believe the proposal services. The Hoxie Postal Services Describe any favorable or unfavorable effects you believe the proposal services. The Hoxie Postal Services Describe any favorable or unfavorable effects you believe the proposal services. The Hoxie Postal Services Describe any favorable or unfavorable effects you believe the proposal services. The Hoxie Postal Services Describe any favorable or unfavorable effects you believe the proposal services. The Hoxie Postal Services Describe any favorable or unfavorable effects you believe the proposal services. The Hoxie Postal Services Describe any favorable or unfavorable effects you believe the proposal services. The Hoxie Postal Services Describe any favorable or unfavorable effects you believe the proposal services. The Hoxie Postal Services Describe any favorable or unfavorable effects you believe the proposal services. The Hoxie Postal Services Describe any favorable or unfavorable effects you believe the proposal services. The Hoxie Postal Services Describe any favorable or unfavorable effects you believe the proposal services. The Hoxie Postal Services Describe any favorable or unfavorable effects you believe the proposal services. The Hoxie Postal Services Describe any favorable or unfavorable effects you believe the proposal services. The Hoxie Postal Services Describe any favorable effects you believe the proposal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. Decision is gribbly Wrindy Matter, No questionaire with matter of the reducing the equation of the present with matter of the present Situation.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: 113 3w Dak, Hoxie, Ar, 72433
Add	ress: 113 JW Dak, Hoxie, Ar, 72433

Telephone number: 870-860-8089 Date: 10-16-10



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1.	Please check the appropriate box to indicate whether you use the moxie Post Office for each of the following:									
	Postal Services		Daily	Weekly	Monthly	Never				
	a. Buying stamps									
	b. Mailing letters									
	c. Mailing parcels					1 some Tim	· e =			
	d. Picking up Post	Office box mail				M				
	e. Buying money	orders								
		I services, includir egistered mail, Ins ation, or Signatur	sured mail,			□ Some Tir	νť.,			
	g. Sending Expres	s Maíl								
	Other postal servi	ces:				44				
	a. Entering permit	mailings	Yes	No 🔟 🦳						
	b. Resetting/using	postage meter	Yes 🗌	No 🖸						
2.	Do you pass anothe personal needs?		tation during busi		veling to or from wo	rk, or shopping, or for				
	If yes, which offices:									
3.	For which of the foll	owing do you leav	e your community	(Check all that a	pply.) Where do yo	u go to obtain these				
		services? Shopping WAI-MART WAINSTRIDE AB								
	Shopping									
	Personal needs		The state of the s	A CONTRACTOR OF THE CONTRACTOR						
	Banking		_ / _ 1.4	ALNUT RI	lee no					
	Employment	WORL		FINUL NI	aye, HIC					
	Social needs									



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	dditional comments, please add on a separate piece of paper and attach it to this form. c you for taking the time to complete this questionnaire.
Nam	(please print your name)
	ss: 508 SW BROAD HOYTE AR
Telep	hone number: Date: 10-18-10

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:									
	Postal Services	Daîly	Weekly	Monthly	Never					
	a. Buying stamps			P						
	b. Mailing letters		B							
	c. Mailing parcels				<u>a</u>					
	d. Picking up Post Office box ma	il 🔲			Ď					
	e. Buying money orders			查						
	Obtaining special services, incl Certified mail, Registered mail Delivery Confirmation, or Signal Confirmation Sending Express Mail	, Insured mail,		<u></u>						
	Other postal services:		\ <u>-</u>							
	a. Entering permit mailings	Yes	No B							
	b. Resetting/using postage mete	r Yes 🗌	No 🔀							
2.	Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes No 🗓									
	If yes, which offices:									
3.	For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?									
	Shopping	ORAAAmmussaa AAAmmussaa AAAmmussaa AAAmmussaa AAA	htt:							
	Personal needs		друшшага	AAAAMMA YYY						
	Banking 🔲			adamir	**************************************					
	Employment				A					
	Social needs									



4.	Do you currently use local businesses in the community?
	Yes 🖸 No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ◘
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	I world like to keep things The Same
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ne: Bornze SHEETS (please print your name)
Add	ress: 5/0,5, W. Lindsy St. Hoxxi, ark, 72433
Tele	ress: 5/0,5, W. Lindry St. Horair, ark, 72433 phone number: 886-9635 Date: 10-18-10

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:									
	Postal Services		ŧ	Daily	V	<i>l</i> eekly	Month	ly	Never	
	a. Buying stamps						e			
	b. Mailing letters			•						
	c. Mailing parcels									
	d. Picking up Post Off	ice box mail								
	e. Buying money ord	ers								
	Obtaining special services, including Certified mail, Registered mail, Insur Delivery Confirmation, or Signature Confirmation Sending Express Mail		ured m	ail,						
	Other postal services						<u></u>		Section 1	
	a. Entering permit ma	iilings	Yes		No					
	b. Resetting/using po	slage meter	Yes		No	0				
2.	Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or to personal needs? Yes No									i, or for
	If yes, which offices:									
			No.	994		and the state of t	occording to the second			
3.	For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?									hese
	Shopping \Box1									
	Personal needs — Hoxi			or v Ammerica		MININ VV		hhhilli		
	Banking	D Hox						aanmar		
	Employment	□ Hox							······	
	Social needs	\sqcap H o X	1-0							



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	res: $\frac{\text{Lyelene lagsdale}}{\text{(please print your name)}}$ ress: $\frac{603}{5}$. $\frac{5}{6}$. $\frac{6}{6}$
Addı	ess: 603 S.W. Case ST. Hoxie AR 72433
Tele	phone number \$70-680-0967 Date: 10-16-2010

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Postal Services		Daily	W	/eekly	Monthly	Never
a. Buying stamps						
b. Mailing letters						
c. Mailing parcels						
d. Picking up Post	Office box mail					
e. Buying money	orders					
Certified mail, F	al services, including Registered mail, Insunation, or Signature	ired mail,				
g. Sending Expres	s Mail					
a. Entering permit	t mailings	Yes 🗌	No			
Do you pass anoth personal needs?		,		urs while tra	aveling to or from wo	ork, or shoppir
If yes, which offices	s: portia	fort o	ffice			₩ ₩ ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩
b. Resetting/using Do you pass anoth personal needs? If yes, which offices	postage meter er Post Office or Sta Yes s: Fortia	Yes □ ation during bus Flort o	No siness hou	urs while tra		
For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain services?						
Shopping	1 wal	y nous	·	HHADON		
Personal needs	J waln	ut Redge			***************************************	hhhh
Banking	W	<i>J. J.</i>				
Employment	of portion			***************************************	,	
Social needs	t Jacolnul	z Ridge				



4.	Do you currently use local businesses in the community?
	Yes No No
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	some one could love thin JOB.
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	no comments
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ne: <u>JERRY GRAHAM</u> (please print your name)
	ress: 314 S. FREE St. Hotel ARK.
Tele	phone number: 886-72-44 Date: 10-18-2010

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Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps			X	
b. Mailing letters				
c. Mailing parcels				N
d. Picking up Post Office box mai				
e. Buying money orders				
 f. Obtaining special services, incl Certified mail, Registered mail, Delivery Confirmation, or Signa Confirmation 	Insured mail,	П	П	[5]
g. Sending Express Mail				
Other postal services:				
a. Entering permit mailings	Yes 🗌	No 😰	•	
b. Resetting/using postage mete	r Yes 🗌	No 🗹		
Do you pass another Post Office of personal needs? If yes, which offices:	Yes 🗌	No	-	
rryes, which offices.		***************************************		
,	~, A. G.,			
For which of the following dowoul services?	eave your communit	y? (Check all that a → ३, - 🎥	. ૧ ૦ ફુંગ	~ *
المستراث المستراث المستراث	*		· · · · · · · · · · · · · · · · · · ·	
Shopping Annual			and the second second	,, ·
Shopping Personal needs		*	. 71.	
	जिल्लाको होतु <i>र</i>	•	A Commence of the second	••2
Personal needs	and the season of the season o	•	p San in such	

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4.	Do you currently use local businesses in the community?
	Yes ⊠ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☑
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	If Other Comments Diagon provide any other views as information that you holious the Deptel
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	I , 90 y ears ald and I don't Dima
7	In 90 years ald and I don't Dima? Mail while by Mail
٠	De metale my Essence by Man
2	Mail who my Bills and by Mail Do metale my Boarnes by Mail t is so handy to get my Mail in all sunday weather " in my mail Box. Short you additional comments, please add on a separate piece of paper and attach it to this form.
_ /	in my mail B'ox. Short you
Tha	ink you for taking the time to complete this questionnaire.
Nan	ne: GLENNA PICKETT (please print your name)
Add	Press: 221 FREE S.T HOXYE, AR 73 4 33 Perhane number: 8861969 Date: 0412-2010
Tele	ephone number: 5861969 Date: 0ef 12-2010

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Please check the appro	priate box to i	ndicate whether	you use	the Hoxie I	Post Office for each	of the follow	
Postal Services		Daily	٧	Veekly	Monthly	Neve	
a. Buying stamps					×		
b. Mailing letters					×		
c. Mailing parcels					Ø		
d. Picking up Post Offic	e box mail	No. 45444			×		
e. Buying money order	s	annom.					
 f. Obtaining special sen Certified mail, Regist Delivery Confirmation Confirmation 	ered mail, Ins	ured mail,			×		
g. Sending Express Mail							
Other postal services:							
a. Entering permit mail	ings	Yes	No				
b. Resetting/using post	age meter	Yes 💢	No				
Do you pass another Po personal needs?		tation during bus	iness ho	urs while tra		irk, or shopi	
If yes, which offices:		<u> «иссининалалага</u>				<u> </u>	
For which of the followin services?				UVV IIIIIAA	apply.) Where do yo	**************************************	
Shopping [MACHINIA MACAMININA MACAMININA MACAMININA MACAMININA MACAMININA MACAMININA MACAMININA MACAMININA MACAMININA MA			***************************************		
Personal needs D	Ĺ						
Banking [·	······································				hidd	
Employment []	····					
Social needs]			· · · · · · · · · · · · · · · · · · ·			



4.	Do you currently use local businesses in the community?	
	Yes X No □	
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?	
	Just as Good No Opinion Unfavorable	
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.	
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.	*
	proposal would have on the regularity or effectiveness of your postal services. That it would not be done very festion have been in walnut Ridge P.D. where have been in walnut Ridge P.D. where I want very long. Holle will go the flame to help.	
	have been in walnut Redge P.O. where	
H	e water very long. Hothe will go	
en en	flane to help.	
- 1		
t	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. To use the welmat Redge Ro. et would be soon to	hoa
a	re to different cities.	
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. Ink you for taking the time to complete this questionnaire.	
Nan	ne: LiNdA BLAUSETT	
Add	Iress: 20) S.W. ALICE	
Tele	ephone number: 1-870-886 1951 Date: 10 28 10	

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P	UNITED STATE.	5
	POSTAL SERVIC	E

Postal Services	Daily	Weekly	Monthly	Neve
a. Buying stamps	Ø			
b. Mailing letters	Z			
c. Mailing parcels	R			
d. Picking up Post Office box mai	i 🔲			
e. Buying money orders	X	-		
f. Obtaining special services, incl Certified mail, Registered mail. Delivery Confirmation, or Signs Confirmation	Insured mail,			
g. Sending Express Mail				
Other postal services: a. Entering permit mailings b. Resetting/using postage mete	Yes 1 <mark>2</mark> 5.,	No □		
Do you pass another Post Office opersonal needs?			-	ork, or shopp
If yes, which offices:	Yes 🗌		Ž.	
				<u> </u>
Shopping \$\frac{1}{3} \bigs				UUUHHIIHINAAAAAAAA
Personal needs	nthingsystems and an action of the second of	**************************************		100000000000000000000000000000000000000
Banking	0000			



4.	Do you currently use local businesses in the community?
	Yes □ No Ki
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable 📆
б	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
U.	
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	ž
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
For	additional comments, please add on a separate piece of paper and attach it to this form.
	nk you for taking the time to complete this questionnaire.
Nan	me: Budgie J Little
	(please print your name)
	ress: 203 NW Texas Hoxie, AR 72433-II29
Tele	phone number: 886- 9932 Date: 10-25 - 2010

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1.		propriate box to an		-	Post Office for each o	-	
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps						
	b. Mailing letters	*					
	c. Mailing parcels	Some time	5 □		June 1		<u> </u>
	d. Picking up Post 0	Office box mail				X on t	Cow
	e. Buying money or	rders				X	
		services, including gistered mail, Insu ation, or Signature				w	
	Confirmation	mon, or organization				□ Somet	1015
	g. Sending Express	Mail				这	
	Other postal service	es;					
	a. Entering permit r	mailings	Yes	No 🕏			
	b. Resetting/using	postage meter	Yes 🗌	No 🗹			
2.	Do you pass another personal needs?	r Post Office or Sta	_	iness hours while tra	aveling to or from work	k, or shopping, or for	
	If yes, which offices:	PORT	IA D	ost o	77100	•	
3.	For which of the folloservices?	wing do you leave	your communit	y? (Check all that a	apply.) Where do you	go to obtain these	
	Shopping				haddiiiipyyy		
	Personal needs	Z Doc	toRS				
	Banking		·····	htti matamer.			
	Employment		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	малагерер		**************************************	
	Social needs	П					

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4.	Do you currently use local businesses in the community?
	Yes 🗹 No 🗌
5.	If you now receive <u>carrier delivery</u> or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable 🔀
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	decreasing Jobs of Post masters in a time of high unemployment in our AREA und a Uny good ite
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. Ink you for taking the time to complete this questionnaire.

Name: Marejue Starling
(pleasoprint your name)

Address: 701 LAW 511 Rd

Telephone number: 870 759 1798 Date: Oct 24, 2010

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Postal Services		Daily	Weekly	Monthly	Neve
a. Buying stamps				⊠	
b. Mailing letters			Q		
c. Mailing parcels				M	
d. Picking up Post	Office box mail				
e. Buying money	orders				
Certified mail, F	al services, including Registered mail, Inst nation, or Signature	ıred mail,			
Confirmation -		` 🗆 .			
g. Sending Expres	ss Mail			Ø .	
Other postal serv		Yes 🗌	No [X]	•	
b. Resetting/using	1	Yes 🗓	No □	λ.	*
Do you pass anoth personal needs?	er Post Office or St			le traveling to or from we	ork, or shopp
If yes, which office	S*				*
For which of the fo services?	llowing do you leave	your communit	y? (Check all th	nat apply.) Where do yo	, ou gó to obtai
Shopping					ž
Personal needs		Abbillio Communication of the		· · · · · · · · · · · · · · · · · · ·	
Banking		MAAHIIII ve sammee ve ve	Name of the second seco		habituurs van de seen van de s
Employment					
• •		(()		<u> </u>	*



4.	Do you currently use local businesses in the community?
	Yes ♥ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable □
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	I fully enjoy the Rome town friendlyresse of Havie employees and the willingness
	to help solve any mailing proplem. Plus
	the wait in line time is reduced at Blorie
	due to the refricient way the workers preform
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	First, do not take away anymore folso Inteller small town DOES use the Hopie P.O. 3rd
	WR. is agood office But Hopie is a more
_	Purk. In agora office see The
•	ruman & personable place. Don't hurry Hagel
J	human & personable place. Don't hurry Hopie into a ghost town!
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ne: Leonova Light (please print your name)
Add	ress: 608 S.W. Case St Hoxie, Ar
Tele	phone number: 870-882-0803 Date: 10-22-10

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1.	Please check the appropriate box to in	idicate whether	you use the Hoxie I	Post Office for each	of the following:	
	Postal Services	Daily	Weekly	Monthly	Never	
	a. Buying stamps			र्ज		
	b. Mailing letters	Ø				
	c. Mailing parcels			\square'		
	d. Picking up Post Office box mail				\Box	
	e. Buying money orders			all		
	f. Obtaining special services, including Certified mail, Registered mail, Inst Delivery Confirmation, or Signature Confirmation	ired mail,		\overline{\sigma}	□ I	
	g. Sending Express Mail			L	L V A	
	Other postal services:					
	a. Entering permit mailings	Yes 🗌	No 🗆			
	b. Resetting/using postage meter	Yes 🗌	No 🗌			
2.	Do you pass another Post Office or Stepersonal needs? Yes If yes, which offices:	,	iness hours while transport of the house of the hours while transport of the house	aveling to or from wo	rk, or shopping, or	for
3.	For which of the following do you leave services? Shopping Personal needs Banking Employment Social needs	Λ (2	apply.) Where do you	go to obtain these	r



Telephone number:

4.	Do you currently use local businesses in the community?
	Yes ₩ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxle Post Office.
	Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	they will want our school, then later we will all be Called Walnut Redge, we have muer got along with peopleteer when they think they are butter than House people II. Other Confinents Please provide any other bands and believe the Postal Service should consider in deciding whether to adopt the proposal.
For	additional comments, please add on a separate piece of paper and attach it to this form.
	nk you for taking the time to complete this questionnaire.
Nan	10: KONA O "HOSS JONES Flimely
Add	ress: 30(p SW) Hurding II. Holie

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4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Wanda Black (please print your name)
Add	ress: 430 Goldman Rd Hope, HR 72433
Tele	phone number: 870 -886-5542 Date: 10 -18 -10



1.	1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:					ing:		
	Postal Services		Daily	٧	Veekly	Monthly	/ Never	
	a. Buying stamps					N		
	b. Mailing letters		ď					
	c. Mailing parcels					B	'	
	d. Picking up Post 0	Office box mail	回					
	e. Buying money o	rders						•
	f. Obtaining special Certified mail, Re Delivery Confirma Confirmation	gistered mail, Ins	ured mail,			d		
	g. Sending Express	Mail						
	Other postal service a. Entering permit r b. Resetting/using p	nailings	Yes □ Yes □	No No	D			
2.	Do you pass another personal needs?	ation during bu	siness ho		aveling to or fro	om work, or shappi	ng, or fo.	
	If yes, which offices:							
3.	For which of the follo services? Shopping		e your commun	-	ck all that a	apply.) Where	do you go to obtai	these
	Personal needs					****		
	Banking							
	Employment	Ω						
	Social needs	12 Jon	solver	<i></i>	***************************************			

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4.	Do you currently use local businesses in the community?
	Yes ⊠ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☑
6.	Following are comments I wish to make concerning the proposed changes to the Hoxle Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	I think we still need a past office in
	Hope. Because there are people who don't brink very for any more (elderly) or (disable).
	brink very far any more (elderly) or (disable).
	who need a past officer Olas.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	••
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: 410 8). W. RANDOLPH, AR. 7245?
Add	ress: 410 D.W. RANDOLPH, AR. 72453
	phone number: Date:



1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:								
	Postal Services		Daily	Weekly	Monthly	Never			
	a. Buying stamps				oxtimes				
	b. Mailing letters			×					
	c. Mailing parcels								
	d. Picking up Post Offi	ce box mail				Ø			
	e. Buying money orde	ers				Ø			
	 f. Obtaining special se Certified mail, Regis Delivery Confirmation 	stered mail, Ins	ured mail,			_ Don	ne time		
	g. Sending Express M	ail					<i>t</i>		
	Other postal services	:							
	a. Entering permit ma	ilings	Yes 🗌	No 🔀					
	b. Resetting/using pos	stage meter	Yes 🗌	No (C					
2.	Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs?								
		Yes		No ,	N .				
	If yes, which offices: _	уурунний кылы		**************************************					
•			•••	•			_		
3.	For which of the following services?	ng oo you leav	e your communic	y / (Oneck an mara	ppiy.) vviierė do yol	a go to obtain these	ž		
	Shopping [MAAAAA MAAAAAA MAAAAAAAAAAAAAAAAAAAAAA	AAAAA				
	Personal needs [A			
	Banking [A THE STATE OF THE			
	Employment §	3 Senia	Lna	UUU	· · · · · · · · · · · · · · · · · · ·				
	Social needs								

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Do you currently use local businesses in the community? Yes 🔀 № П 5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Unfavorable 🔀 No Opinion Just as Good 6. Following are comments I wish to make concerning the proposed changes to the Hoxle Post Office. I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. /Ronald Boran

Date: 10-25-2010

Address: 412 NW Annie St. Hoxie AR 72433

Telephone number: 820-637-5062



Please check the	appropriate box to i	indicate whethe	r you use t	the Hoxie H		01 010 (01101)
Postal Services		Daily	N	Veekly	Monthly	Never
a. Buying stamps					X	
b. Mailing letters		×				
c. Mailing parcels					¥	
d. Picking up Pos	t Office box mail					×
e. Bu y ing money	orders				Ø	
Certified mail, F Delivery Confire	al services, includin Registered mail, Ins nation, or Signature	sured mail, e			_	_
Confirmation				×		
g. Sending Expres	ss Mail			X		
	icae:					
Other postal serv	1063.					
Other postal serv		Yes 🗌	No	×		
a. Entering permi b. Resetting/using	t mailings g postage meter	Yes 🗌	No	¤	maling to a frame wa	urb ar abana
a. Entering permib. Resetting/usingDo you pass anoth personal needs?	t mailings g postage meter er Post Office or Si Yes s:	Yes tation during bu	No siness hou	urs while tra		
a. Entering permib. Resetting/usingDo you pass anoth personal needs?	t mailings g postage meter er Post Office or Si Yes s:	Yes tation during bu	No siness hou	wrs while tra	×	
a. Entering permi b. Resetting/using Do you pass anoth personal needs? If yes, which office	t mailings g postage meter er Post Office or Si Yes s:	Yes tation during bu	No siness hou	wrs while tra	×	
a. Entering permi b. Resetting/using Do you pass anoth personal needs? If yes, which office	t mailings g postage meter er Post Office or Si Yes s:	Yes tation during bu	No siness hou	wrs while tra	X	
a. Entering permi b. Resetting/using Do you pass anoth personal needs? If yes, which office For which of the foservices?	t mailings g postage meter er Post Office or Si Yes s:	Yes tation during but your commun	No siness hou	urs while tra No ck all that a	X	u go to oblai
a. Entering permi b. Resetting/using Do you pass anoth personal needs? If yes, which office For which of the foservices? Shopping	t mailings g postage meter er Post Office or Si Yes s:	Yes tation during but your commun	No siness hou	urs while tra No ck all that a	pply.) Where do yo	u go to obtail
a. Entering permi b. Resetting/using Do you pass anoth personal needs? If yes, which office For which of the fo services? Shopping Personal needs	t mailings g postage meter er Post Office or Si Yes s:	Yes tation during but your commun	No siness hou	urs while tra No ck all that a	pply.) Where do yo	u go to obtair

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4.	Do you currently use local businesses in the community?
	Yes II No [
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☑
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: G Lundy (please print your name)
Add	ress: 348 LAW 511 HOX.e
Tele	phone number: Date: <u>/0-30-/0</u>



1.	Please check the ap	opropriate box to in	dicate whether	you use the Hoxie F	ost Office for each	of the following:	
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps						
	b. Mailing letters						
	c. Mailing parcels						
	d. Picking up Post	Office box mail		- Constant			
	e. Buying money o	rders					
		egistered mail, Insi ation, or Signature	ired mail,				
	Other postal service			=/			
	a. Entering permit	mailings	Yes 🗌	No 🗷			
	b. Resetting/using	postage meter	Yes 🛭	No 🗆			
2.	Do you pass anothe personal needs?	r Post Office or St	-	iness hours while tra	,	rk, or shopping, or	fo
	If yes, which offices:	- CANADA ANA ANA ANA ANA ANA ANA ANA ANA AN	Jugo	JUDU TO THE TOTAL THE TOTA			
3.	For which of the folloservices?			y? (Check all that a			9
	Shopping	@ Jonesh	oro				
	Personal needs		THE STATE OF THE S				
	Banking		-				
	Employment					·	
	Social needs		····				

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4.	Do you currently use local businesses in the community?					
	Yes No 🗆					
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?					
	Just as Good ☐ No Opinion ☐ Unfavorable ☑					
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.					
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. 					
•						
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.					
	Hoxie, AR is Not Walnut Ridge, AR					
	dditional comments, please add on a separate piece of paper and attach it to this form. k you for taking the time to complete this questionnaire.					
Nam	e: <u>G. Lundy</u> (please print your name)					
Addı	ess: Po. Box 113 Hoxie					
Tele	phone number: Date: Date:					



1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following: Weekly **Postal Services** Daily Monthly Never a. Buying stamps $\overline{}$ \Box b. Mailing letters \Box П c. Mailing parcels П П d. Picking up Post Office box mail e. Buying money orders \Box П f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation П g. Sending Express Mail П Other postal services: a. Entering permit mailings Yes 🗌 b. Resetting/using postage meter No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? No Tu Yes 🗌 If yes, which offices: For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Jonesboro Shopping Personal needs Banking Employment Social needs

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
	Postal Services	Daily	Weekly	Monthly	Never		
	a. Buying stamps		四				
	b. Mailing letters						
	c. Mailing parcels				4		
	d. Picking up Post Office box mail				□ pome	. 17	
	e. Buying money orders				□ Dome	Ime	
	Obtaining special services, including Certified mail, Registered mail, Insur Delivery Confirmation, or Signature Confirmation Sending Express Mail	ed mail,					
	Other postal services: a. Entering permit mailings	Yes	No 🔼				
	b. Resetting/using postage meter	Yes 🗌	No 🗓				
2.	personal needs? Yes If yes, which offices:			No - not Ver	yopten	ж	
3.	Banking Wal	_	es Hos	at apply.) Where do	you go to obtain these		
	Social needs \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2012012					

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4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	Unfadorable
	, and the second
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	I say stay like it is We
	I say stay like it is We Need the Pastoffice not Walnut Ridge
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: KENNETH . QUARRY (please print your name)
Add	ress: Dox-327 Hoxis Ank
Tele	phone number: 8866109 Date: 11-1-10

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Please check the	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the follow						
Postal Services		Daily	Weekly	Monthly	Neve		
a. Bu ying stamps		Ø					
b. Mailing letters		感					
c. Mailing parcels		E					
d. Picking up Pos	t Office box mail	S					
e. Buying money	orders	X					
Certified mail, F	f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature						
Confirmation	moonly or orginator						
g. Sending Expres	ss Mail						
Other postal serv	ices:						
a. Entering permi	t mailings	Yes	No 🗌				
b. Resetting/using	g postage meter	Yes 🗌	No 🗌				
Do you pass anoth personal needs?		tation during busi		e traveling to or from wo	ork, or shop		
If yes, which office							
***************************************				nat apply.) Where do yo			
Shopping	5 4	······································					
Personal needs		ş	маленин				
Banking	<u> </u>	***************************************					
Employment	Inned	- Annual Control of the Control of t					
Social needs		104444444					

4	Do you currently	ruga laggi	Lhuainaaaa	in the	Cationsman
4.	DO YOU CUITERIIY	use ioca	: DUSINESSES	III WIE	COMMUNITER

Yes 🗀

No 🔏

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good

No Opinion

Unfavorable 📈



- 6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
 - I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Budgie J Little Name: _

(please print your name)

Address: 203 NW Texas Hoxie, 72433-II29

Date: <u>Io -25-20I</u>0 Telephone number: <u>886</u>–9932

72433



1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
	Postal Services	Daily	Weekly	Monthly	Never			
	a. Buying stamps							
	b. Mailing letters	点						
	c. Mailing parcels	A T						
	d. Picking up Post Office box mail							
	e. Buying money orders	水						
	Obtaining special services, including Certified mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation Sending Express Mail							
	Other postal services: a. Entering permit mailings	Yes 🄼	No □					
	-,	• •	-					
	b. Resetting/using postage meter	Yes	No 📋					
2.	Do you pass another Post Office or Sta personal needs?			aveling to or from wo	ork, or shopping, or	fo		
	If yes, which offices:				44000 4400000 4400000 44000 44000 44000 44000 44000 44000 44000 44000 44000 44000 44			
3.	For which of the following do you leave services?	your community	? (Check all that a	apply.) Where do you	u go to obtain these	3		
	Shopping \$\frac{\fir}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}{\fir}}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\f{\frac{\frac{\f				IOANIMITYY			
	Personal needs							
	Banking	- Language	LL MUUTINI MAANITA LL MUUTINI MAANITA	West Hill Line Control of the Contro				
	Employment	ann	HINDA THE TOTAL OF	The state of the s	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT			
	Social peads							



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4.	o you currently use local businesses in the community?		
4.			
	Yes 💢 No [
	you now receive carrier delivery or post office box service from the hange to your delivery service. What would be your opinion about tation, which will provide the same mailing services and be located	receiving service fron	n a classified
	ust as Good No Opinion Unfavorable		
6.	ollowing are comments I wish to make concerning the proposed changes t	to the Hoxie Post Office.	
	Effect on Your Postal Services Describe any favorable or unfavorable proposal would have on the regularity or effectiveness of your postal services.		е
	II. Other Comments Please provide any other views or information that y Service should consider in deciding whether to adopt the proposal.	ou believe the Postal	
	ditional comments, please add on a separate piece of paper and attach it you for taking the time to complete this questionnaire.	to this form.	
Nami	Budgie Little		
	(please print your name)		
Addr	s: 203 NN Texas Hoxie, AR 72433-II29		
Telep	one number: 886-9932 Date:	-	

	→ UNITED STATES	***************************************	
	POSTAL SERVICE	DOCKETNO.	724
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4.	Do you currently use local businesses in the community?		
	Yes 🛭 No 🗆]	
5.	If you now receive carrier delivery or post office box service from the change to your delivery service. What would be your opinion about r station, which will provide the same mailing services and be located	eceiving service from a	
	Just as Good ☐ No Opinion ☐ Unfavorable ☒		
6.	Following are comments I wish to make concerning the proposed changes to	the Hoxie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable proposal would have on the regularity or effectiveness of your postal ser 		
	II. Other Comments Please provide any other views or information that ye	ou believe the Postal	
	Service should consider in deciding whether to adopt the proposal.		
	Will some of the Hope employees lose	their good.	
	which act - or form personnel be used for	7 a classycod	
	Will some of the Hope tropes of white out-of town personnel be used for station if people residents could be hired?	•	×
	station of proper restaurant		
	additional comments, please add on a separate piece of paper and attach it to tank you for taking the time to complete this questionnaire.	o this form.	•
Nar	me: Harold + Denna Bailey (please print your name)		
Add	Iress: 418 NW Edger ST. Hoxie		
	ephone number: 870-886-7256 Date: 10-3-0-10		



1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:									
	Postal Services	Da	aily	Weekly	Mon	thly No	ever			
	a. Buying stamps				Ī	<u>z</u>	\exists			
	b. Mailing letters			×						
	c. Mailing parcels				5	X [
	d. Picking up Post Office b	oox mail			[X			
	e. Buying money orders				[] [×			
	f. Obtaining special service Certified mail, Registere Delivery Confirmation, of Confirmation	ed mail, Insured mai	l,	П	Γ	-	X			
	g. Sending Express Mail			П	<u>.</u>		e∓ Ž }			
	g. Defiding Express Wall			L_1	L	l I.	U			
	Other postal services:									
	a. Entering permit mailing	s Yes		No 🔼						
	b. Resetting/using postage	e meter Yes		No 🛕						
2.	Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No No									
	If yes, which offices:									
3.	For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?									
	Shopping 🕱 _					######################################	_			
	Personal needs	~~~~			VIIIIIIIIIIIIIIIIII		Angua			
	Banking			HIIIII AAAAA	- Lawrence Commission of the C		_			
	Employment					- JAAAAIIIIIIIIIIII	_			
	Social peeds									



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4	Do	พดแ	currently	use	local	businesses	in	the	community	17
→	har har	7 44	COLLOS	COC.	FAIL WILL	アロシニュ こうらいら	** *		COLLINATION	

Yes 💢

No 🗀

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good

No Opinion

Unfavorable X

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

1. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

Thisband disabled + Walnut Ridge a Joresbow not accessible for him

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Address: 210 SE Elm Hoxie AW
Telephone number: 886-7984 Date: Deta: 18, 2010



Please check the ap	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:								
Postal Services		Daily	Wee	kly	Monthly	Never			
a. Buying stamps			Γ]	×				
b. Mailing letters			Ď	X					
c. Mailing parcels				J	\bowtie				
d. Picking up Post (Office box mail					×			
e. Buying money o	ders					X			
f. Obtaining special Certified mail, Re Delivery Confirma Confirmation	gistered mail, Ins ation, or Signatur	sured mail, e	[×				
g. Sending Express	Mail		***************************************]		X			
Other postal servic	es:								
a. Entering permit r	nailings	Yes 🗌	No 5	×					
b. Resetting/using	oostage meter	Yes 🗌	No)	(
Do you pass another personal needs? If yes, which offices:	Yes	; 🗆		No)	√				
For which of the follo		VVIIIIIIAAAA	****		pply.) Where do yo				
services?	A 1								
Shopping	& Jon				4AA	FVV ***********************************			
Personal needs						——————————————————————————————————————			
Banking									
Employment									
Social needs									



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4.	Do you currently use local businesses in the community?	
	Yes No 🗆	
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will change to your delivery service. What would be your opinion about receiving service from a class station, which will provide the same mailing services and be located at the same location?	
6.	Just as Good No Opinion Unfavorable Do No H M > Ke H O X Le Subservior + to Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.	
1	1. Effect on Your Postal Services Describe any favorable or unfavorable efficiency ou believe the proposal would have on the regularity or effectiveness of your postal services. I = CK Of QU211 filed Personne) Reduced hours 2 to walnut R whim Reduced services at walnut R whim More cost to Hotie is walnut R Referct. II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. Hoxi to People do not need any further of the contract o	dge l

(please print your name)

Address: 9/8 5 W Goldman Hoxie AR 724

For additional comments, please add on a separate piece of paper and attach it to this form.

Telephone number: 870-886-9287

Thank you for taking the time to complete this questionnaire.

Date: 10-16-2010



1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
	Postal Services	Daily	Weekly	Monthly	Never			
	a. Buying stamps		· M					
	b. Mailing letters	A						
	c. Mailing parcels		3					
	d. Picking up Post Office box ma	ii 🗆	又					
	e. Buying money orders		gunday B Lucyud	攻				
	Obtaining special services, inci- Certified mail, Registered mail Delivery Confirmation, or Signa Confirmation Sending Express Mail	, Insured mail,	ÞQ ÞQ					
	Other postal services:		, -					
•	a. Entering permit mailings	Yes 🗌	No 🔎					
	b. Resetting/using postage mete	r Yes 🗌	No 🕅					
2.	Do you pass another Post Office opersonal needs?	or Station during bus	iness hours while tra No		ork, or shopping, or fi			
	If yes, which offices:			***************************************				
3.	For which of the following do you services? Shopping	leave your community of the terms of terms of the terms of terms of the terms of t	y? (Check all that a	pply.) Where do you	u go to obtain these			
		J n V) 0						



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A	Dalini	coursellu	امما معنا	businesses	in the		0
44.	DO YOU	a curremuy	use local	DUSINESSES	m me	COMMINUMENT	1

Yes 🖈

№ П

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

Just as Good

No Opinion

Unfavorable M

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

I Am a small bussines orner in this Town And I would Rather it Stay Just Like it is because I Have a good bussiess Relation ship with the people who work There and I don't want To see Any changes

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: Gregg Langs 1077

Address: 308 SE Lindsey Hoxie AR 72433

Telephone number: 870 275 0639 Date: 10-28-10



b. Mailing letters	Postal Services		Daily	Weekly	Monthly	Neve
c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopersonal needs?	a. Buying stamps			A		
d. Picking up Post Office box mail	b. Mailing letters			×		
e. Buying money orders	c. Mailing parcels	i.		K		
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopersonal needs?	d. Picking up Pos	t Office box mail			A	
Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	e. Buying money	orders		X.		. 🔲
Gonfirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopersonal needs?	Certified mail, I	Registered mail, Insu				
Other postal services: a. Entering permit mailings Yes No Do No Do You pass another Post Office or Station during business hours while traveling to or from work, or shopersonal needs?		meton, or Signature			×	
a. Entering permit mailings Yes No Do No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopersonal needs?	g. Sending Expre	ss Mail			B	
Do you pass another Post Office or Station during business hours while traveling to or from work, or sho personal needs?	•		Yes 🗌	No 🗌		
Do you pass another Post Office or Station during business hours while traveling to or from work, or sho personal needs?	-	-	Yes D	No [
Yes No At No At If yes, which offices:	personal needs?	Yes		No "	No.	
	services?		,	•	ppiy.) vvilete do yo	a go to obi
	Shopping	A JON	es bore	Y		
services?	Personal needs		AAAA WAXAA AAAA AAAA AAAA AAAA AAAA AAA	Milda	THE STATE OF THE S	урричня
Shopping & Jones boro	Banking			***************************************		
Shopping Dones boro Personal needs						
Shopping Shopping Dones hore Personal needs	₩		<u> жан</u>			

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4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☑
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. I think this the first step in closing the Post Office which will effect the whole town in getting men jobs in our town.
	in our town.
	additional comments, please add on a separate piece of paper and attach it to this form. Ink you for taking the time to complete this questionnaire.
Nan	ne: Cleuda LAYNE (please print your name)
Add	Press: P.O. Box 224 Noxie, Ar 72433 Ephone number: 870 7591928 Date: 10-17-10
Tele	ephone number: 870 7591928 Date: 10-17-10



1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
	Postal Services	Daily	Weekly	Monthly	Never			
	a. Buying stamps							
	b. Mailing letters							
	c. Mailing parcels							
	d. Picking up Post Office box mail							
	e. Buying money orders							
	f. Obtaining special services, include Certified mail, Registered mail, I Delivery Confirmation, or Signat Confirmation g. Sending Express Mail	nsured mail,						
	Other postal services:							
	a. Entering permit mailings	Yes 🗌	No 🖪					
	b. Resetting/using postage meter	Yes 🗌	No 🗹					
2.	Do you pass another Post Office or personal needs? If yes, which offices:	Station during business	No			fo		
3.	For which of the following do you le services? Shopping	ave your communit	y? (Check all that a	pply.) Where do yo	u go to obtain these	Э		
	Employment							
	Social needs							

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4.		
	Yes 💢	No 🗆
5.	 If you now receive carrier delivery or post office box so change to your delivery service. What would be your station, which will provide the same mailing services a 	opinion about receiving service from a classified
	Just as Good 🗌 No Opinion 🗌 Unfavora	ble 💢
6.	6. Following are comments I wish to make concerning the prop	osed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorab proposal would have on the regularity or effectiveness of 	
	LEAVE AS IS,	
	II. Other Comments Please provide any other views or in Service should consider in deciding whether to adopt the	
	Delvice should consider in dealthing whether to adopt to	о ргородан.
F		no and associate is to their flavor
	For additional comments, please add on a separate piece of pap Thank you for taking the time to complete this questionnaire.	et and attach it to this form.
Nan	Name: <u>STEUE BROWN</u> (please print your name)	
Add	Address: BROWD'S TAX + ACCT PO BC	OX 66 HOXIE
Tele	Telephone number: 870-886-2207 Date: 10	-19-10



Please check the	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:					
Postal Services		Daily	Weekly	Monthly	Never	
a. Buying stamps			Ŋ			
b. Mailing letters			X			
c. Mailing parcels			(X)			
d. Picking up Post	Office box mail		\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{			
e. Buying money	orders					
	al services, includin Registered mail, Ins nation, or Signature	ûred mail,		1 2		
g. Sending Expres	s Mail		烙			
a. Entering permib. Resetting/usingDo you pass anoth personal needs?	g postage meter	-	No No iness hours while tra	-	ork, or shopping,	
If ves. which office:	s:					
For which of the folservices?			ty? (Check all that a		***************************************	
Shopping						
Personal needs			**************************************			
Banking		PAGAS THE STATE OF			HIMPONOUMANIA A A A A A A A A A A A A A A A A A A	
Employment		·····			mmae *** William William de la company	
Social needs						

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4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	11. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Brenda Cochran (please print your name)
Add	ress: 1402 Sw Broad
Tele	phone number: Date: 10-16-10



Postal Services		Daily	V	/eekly	Monthly	Never	
a. Buying stamps					Ø		
b. Mailing letters				Ø			
c. Mailing parcels							
d. Picking up Post Off	ice box mail						
e. Buying money orders		Land to the state of the state					
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature							
Confirmation	on, or orginature						
g. Sending Express M	ail					1	
Other postal services	s:						
a. Entering permit mailings		ing permit mailings Yes ☐ No ☑	Ø				
b. Resetting/using po	stage meter	Yes 🗌	No	es es			
Do you pass another Post Office or Station during bus personal needs? Yes			iness ho	urs while tra	/	ork, or shopp	
If yes, which offices: _	***************************************	·····					

For which of the follow services?	ing do you leave	e your communi	ty? (Che			ou go to obtai	
Shopping	Www.lnut Kidge Jonesboro						
Personal needs							
Banking *	ර			***************************************	***************************************	,	
Employment	<u> </u>	······		***************************************			

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4.	Do you currently use local businesses in the community?
	Yes [No [
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☑
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. Ink you for taking the time to complete this questionnaire.
Nar	ne: <u>Nama Counce</u> (please print your name) (ress: 2085W Goldman Hoyie
Ado	iress: 2085W Coldman Hoyie

Telephone number: 870 886 7728 Date: 10 21-10



1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following: **Postal Services** Daily Weekly Monthly Never П П a. Buying stamps П b. Mailing letters П c. Mailing parcels d. Picking up Post Office box mail П П e Buying money orders П f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation П g. Sending Express Mail Other postal services: a. Entering permit mailings Yes No b. Resetting/using postage meter Yes No 🗆 Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? No Cl Yes 🗌 If yes, which offices: 3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping Personal needs Banking Employment Social needs

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4.	Do you currently use local businesses in the community?
,,	Yes 🛛 No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable 🏋
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form, nk you for taking the time to complete this questionnaire.
Nan	ne: <u>Stantey Schmidt</u> (please print your name)
Add	ress: <u>151/5.E. Front</u>
Tele	phone number: <u>470-886310</u> Date: <u>10-17-10</u>



Postal Services		Daily	V	Veekly	Monthly	Neve		
a. Buying stamps								
b. Mailing letters								
c. Mailing parcels								
d. Picking up Posi	t Office box mail			П				
e. Buying money	orders							
Certified mail, F Delivery Confire	al services, includin Registered mail, Ins mation, or Signature	ured mail,			_			
Confirmation								
g. Sending Expres	ss Mail							
Other postal serv	ices:							
a. Entering permi	t mailings	Yes 🗌	No					
b. Resetting/using	g postage meter	Yes 🗌	No					
personal needs?	Yes			No				
If yes, which offices:								
For which of the fo services?	llowing do you leav	e your communi	ty? (Che	ck all that a	apply.) Where do yo	ou go to obta		
Shopping			HIIIII AAAAA	**************************************		***		
Personal needs								
Banking								
Employment								



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	1. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. I think the Hopie Post office is fine without any changes being made.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. If there is only a transparent action when most put there both under the way not put there both under the direction of the Isopie Post Office?
Tha Nan Add	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire. ne: Margretta Tinker (Cubar Shove 7 W.B. Church) (please print your name) ress: P.O. Box 241
Tele	phone number: 759.0368 Date: 10.26.10



Please check the	appropriate box to in	idicate whether	you use the H oxie F	ost Office for each	of the followi
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps				ď	
b. Mailing letters		ø			
c. Mailing parcels					
d. Picking up Posi	Office box mail	\mathbf{Z}'			
e. Buying money	orders				
Certified mail, F	al services, including Registered mail, Inst nation, or Signature	ured mail,			
g. Sending Expres	ss Mail				2
Other postal serv	ices:	,			
a. Entering permi	t mailings	Yes 🔽	No 🗆		
b. Resetting/using	g postage meter	Yes 🗌	No 🗹		
Do you pass anoth personal needs?	er Post Office or Sta	~	iness hours while tra	aveling to or from wo	rk, or shopp
If yes, which office	·				
,					WARE
For which of the fo	,	•		ipply.) Where do yo	u go to obtai
services?					
Shopping	ļ			······································	
Personal needs					
Banking				naturny Access Assessment of the Control of the Con	
Employment					
Social needs					



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable 🂢
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	While this may not change our service (you say) it will be deturmental to our small community. Please don't de this. We need
	it will be deturnental to our small
	Community. Please dont de this. We need
	something in our town.
	additional comments, please add on a separate piece of paper and attach it to this form. Ink you for taking the time to complete this questionnaire.
Nar	ne: Karen Williams (please print your name)
Add	Perhone number: 870-809-0324 Date: 10-22-10
Tele	ephone number: 870-809-0324 Date: 10-22-10



Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps		×		
b. Mailing letters *		\triangleright		
c. Mailing parcels				\square
d. Picking up Post Office t	oox mail			Ø
e. Buying money orders				S
f. Obtaining special service Certified mail, Registers Delivery Confirmation, of	ed mail, Insured mail,			
Confirmation			Ø	
g. Sending Express Mail				3
Other postal services:				
a. Entering permit mailing	s Yes 🗌	No 🗵		
b. Resetting/using postag	e meter Yes 🗌	No 🏹		
Do you pass another Post personal needs?	Office or Station during bus	siness hours while tra	-	irk, or shopp
If yes, which offices:	***************************************			

F. 101 CH 2				
For which of the following of services?				
Shopping	Jonesboro	or Wal	nut lidge	
Personal needs	<i>V</i>			
Banking				
Employment 💢	Hower She	p- Wal	aut Ridge Dunt Rid	
Social needs		1.10	0 1 851	1

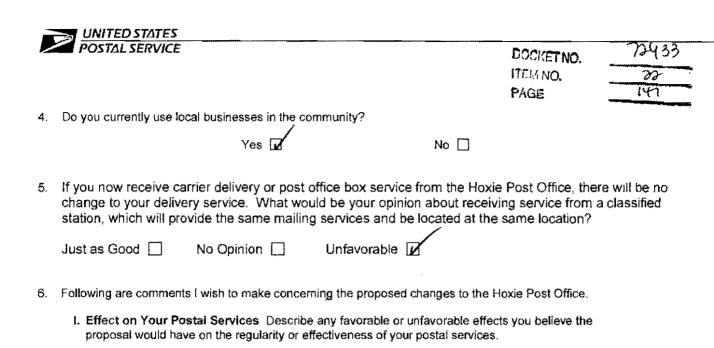




4.	o you currently use local businesses in the community?
	Yes No 🗆
	you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no nange to your delivery service. What would be your opinion about receiving service from a classified ation, which will provide the same mailing services and be located at the same location?
	ust as Good
6.	ollowing are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	I think things should ruman the some
	ditional comments, please add on a separate piece of paper and attach it to this form. you for taking the time to complete this questionnaire.
Nam	Popanie Cain
Addr	(please print your name) is: 134 5 Pay IC Ave Hoxie MK
Teler	one number: Date: 10/17/10



Please check the a	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following							
Postal Services		Daily	Weekly	Monthly	Never			
a. Buying stamps								
b. Mailing letters	•							
c. Mailing parcels								
d. Picking up Post	Office box mail							
e. Buying money	orders		Passarran					
	al services, includir Registered mail, Ins nation, or Signatur	sured mail,		Ū-				
g. Sending Expres	ss Mail							
Other postal serv								
a. Entering permi	t mailings	Yes 🗌	No 🗹					
b. Resetting/using	g postage meter	Yes 🗌	No 📮					
Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping personal needs? Yes No No								
If ves. which office	S :			******				
1000000		······································		apply.) Where do yo	***************************************			
Shopping	P jo:	rabaro	Pocahon	+1.				
Personal needs		,			Milliania			
	Ш		***************************************	***************************************				
Banking								
Employment	<i>W</i>		AAAA	***************************************				
Social needs	T							



II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: Brande Davis

(please print your name)

Address: 1205 Lawrence RU 504

Date: 10-25-10



1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps		Z.				
	b. Mailing letters		₩.				
	c. Mailing parcels				W.		
	d. Picking up Post C	Office box mail	⊿			-	
	e. Buying money or	ders					
	f. Obtaining special Certified mail, Re Delivery Confirma Confirmation g. Sending Express	gistered mail, Inst ation, or Signature	ured mail,		d		
	Other postal service	es:					
	a. Entering permit r	nailings	Yes 🗹	No 🗆			
	b. Resetting/using p	ostage meter	Yes 🗌	No 🗹			
2.	Do you pass another personal needs?	Post Office or St	•	ness hours while tra	<i></i>	rk, or shopping, or	for
	If yes, which offices:	MARINING COUNTY AND ADDRESS OF THE PARTY OF	VIIIIIII.	*****	***************************************	ommodele Adelesia	
					<u> </u>	M	
3.	For which of the follo services?	wing do you leave	e your community	y? (Check all that a	oply.) Where do you	u go to obtain thesi	9
	Shopping	J.,					
	Personal needs				ARRAMINIMAGOUOLISMA	····	
	Banking		AND THE PROPERTY OF THE PROPER	uuu	and the second s		
	Employment						
	Social needs	7					

.

Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

lame: KAndal 1

00 PA BAY 348

Hoxic AR 72433

Telephone number: NOVE Date: 10.25-10



1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following: Monthly Never **Postal Services** Daily Weekly V П a. Buying stamps b. Mailing letters c. Mailing parcels Π. d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail. Delivery Confirmation, or Signature Confirmation g. Sending Express Mail П Other postal services: a. Entering permit mailings No b. Resetting/using postage meter No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? No 🔽 Yes 🗌 If yes, which offices: 3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping Personal needs Banking **Employment** Social needs

	POSTAL SERVICE	DOCKETNO.	72433
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4.	Do you currently use local businesses in the community?		
	Yes 🗹 N	lo 🗆	
5.	If you now receive carrier delivery or post office box service from change to your delivery service. What would be your opinion abstation, which will provide the same mailing services and be local	out receiving service from a	
	Just as Good ☐ No Opinion ☐ Unfavorable ☑		
6.	Following are comments I wish to make concerning the proposed change	ges to the Hoxie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable proposal would have on the regularity or effectiveness of your postal 	<u>-</u>	
	Confesion		

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: Benji She RBS Excarding LLC (please print your name)

Address: P.O. Box 183 Hoxie AR 72433

Telephone number: 870-886-2011 office Date: 10-17-10

870-926-9450 cell



1. Please check the	e appropriate box to i	indicate whether	you use the Hoxie F	Post Office for each	of the following:
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamp	a. Buying stamps				
b. Mailing letters	ì	Æ		Mandada et al	
c. Mailing parcel	S				
d. Picking up Po	st Office box mail	Ø			
e. Buying mone	y orders			Ø	
Certified mail,	cial services, includir Registered mail, Ins irmation, or Signatur ess Mail	sured mail,	<i>Æ</i> □		
Other postal ser	vices:				
a. Entering perm	nit mailings	Yes 🔲	No 🗵		
b. Resetting/usi	ng postage meter	Yes 🗌	No 🗗		
personal needs?			siness hours while tra		ī
3. For which of the f services? Shopping Personal needs Banking Employment Social needs	ollowing do you leav		ty? (Check all that a	pply.) Where do yo	u go to obtain these

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:				
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps			₹	
	b. Mailing letters		\boxtimes		
	c. Mailing parcels				图
	d. Picking up Post Office box mail				图
	e. Buying money orders				Ø
	Obtaining special services, including Certified mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation Sending Express Mail				F
	Other postal services: a. Entering permit mailings	Yes 🗌	No ⊠;		
	b. Resetting/using postage meter	Yes 🗌	No 🖻		
2.	Do you pass another Post Office or Sta personal needs?	ition during busir		traveling to or from	work, or shopping, or for
	If yes, which offices: Portin	ARK	Post	887; w	
3.	For which of the following do you leave services? Shopping Personal needs Banking For which of the following do you leave services?	tor vi		t apply.) Where do	you go to obtain these
	Employment □	+			
	Social needs	4			



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be n change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	It may a may not have any effect on my service, but it would take Away
	my Service, but it would take AWAY
	one more job you a post master -
	A PLACE where unemplogment is
	ALTEADY Neally high
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	Same as + 6 ABOVE

no

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: VIRSINIA K. TINSley

(please print your name)

Address: 226 LAWRENCE ROAD 523

Telephone number: 870-886-3028 Date: Oct 18, 2010

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Social needs

1.	Please check the app	propriate box to in	ndicate whether	you use the	Hoxie Po	st Office for each	of the following:	
	Postal Services		Daily	Wee	ekly	Monthly	Never	
	a. Buying stamps			[]			
	b. Mailing letters							
	c. Mailing parcels			[
	d. Picking up Post O	ffice box mail		[3			
	e. Buying money or	ders						
	f. Obtaining special s Certified mail, Reg Delivery Confirmat Confirmation	gistered mail, Inst	ured mail,	[
	g. Sending Express I	Vlail		[
	Other postal service a. Entering permit m		Yes 🗌	No [<u>.</u>			
	b. Resetting/using p	ostage meter	Yes 🗌	No [3-			
2.	Do you pass another personal needs? If yes, which offices:	Yes			No			ЭГ
3.	For which of the followservices? Shopping Personal needs Banking Employment		e your communit		all that ap	ply.) Where do you	u go to obtain these	

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4	De very provided the formal horseless and in the provincial of
4.	Do you currently use local businesses in the community? Yes No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

lease Keep our ffice as is:

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Sw Hartigan

Date: 10-18

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1.	Please check the appr	opriate box to in	dicate whet	ther you use t	the Hoxle Po	est Office for each of t	he following:	
	Postal Services		Daily	W	/eekly	Monthly	Never	
	a. Buying stamps					X		
	b. Mailing letters				X			
	c. Mailing parcels					D D Somi		
	d. Picking up Post Off	ice box mail					×	
	e. Buying money orde	ers					×	
	 f. Obtaining special se Certified mail, Regi Delivery Confirmation 	stered mail, Insu	ired mail,			South		
	g. Sending Express M	lail				W Donim		
	Other postal services							
	a. Entering permit ma	ailings	Yes 🗌	No	Σ			
	b. Resetting/using po	stage meter	Yes 🗌	No	风			
2.	Do you pass another F personal needs?	ation during	business hou	urs while trav No 🏚	_	or shopping, or fo		
	If yes, which offices:							
3.	For which of the follow services?	ing do you leave	your comn	nunity? (Che	ck all that ap	ply.) Where do you go	o to obtain these	
	Shopping	X	***************************************					
	Personal needs	X	· MAAA				WHIHIIdaahidaahid	
	Banking							
	Employment						reconversación de la conventación de la conventació	
	Social needs	X				***************************************		

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4.	Do you currently use local businesses in the community?
	Yes No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	il do not want to be under the direction of walnut Ridge Post Office I bout think we would have as
	direction of Walnut Ridge Post Office
	I don't think we would have as
	good service as wedo now
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal. Walnut Ridge has more than they was handle anyway, it seems to me at the one or two times if he been in
	handle anyway, it seems to me to
	the one or two times if he lever in
	their Past affice Thank your-
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: ANNIE TIMS (please print your name)
	ress: 200 N.E. 4th St. HoxIE, ARK, 72433
Tele	phone number:

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Please check the	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:								
Postal Services	•	Daily	W	V eekly	Monthly	Never			
a. Buying stamp	os .				Ø				
b. Mailing letter	3								
c. Mailing parce	ls	回				Lanna			
d. Picking up Po	ost Office box mail					3			
e. Buying mone	ey orders	State of Sta							
Certified mail Delivery Conf	cial services, includir , Registered mail, Ins firmation, or Signatur	ured mail,				/			
Confirmation						<u>G</u>			
g. Sending Expi	ress Mail								
Other postal se	rvices:								
a. Entering per	mit mailings	Yes 🗌	No						
b. Resetting/us	ing postage meter	Yes 🗌	No	团					
	Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes No No								
	Yes			No	M .				
If yes, which offic	ces:								
3. For which of the services?	following do you leav	e your commun	ity? (Che	ck all that a	ippiy.) Where do you	i go to obtain these			
Shopping	y 7	Jall	<u>m</u>	wt		HIIIHHHHHAAAAAAAAAAAA			
Personal needs		lall	ma	<i>\tag{x}</i>		****			
Banking									
Employment		Non	<u> </u>						
Social poods	□ 5	511/e.	A -	Lot					



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Luella Luther
Add	ress: LUEIIA LUTHER (please print your name) ress: HO? NE HTH 5T
Tele	phone number: 870 886 79 3 5 Date: 10/19/10

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Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps				×	
b. Mailing letters			×		
c. Mailing parcels			SS .		
d. Picking up Post	Office box mail				· 18.
e. Buying money	orders			故	
 f. Obtaining special services, including Certified mail, Registered mail, Insured Delivery Confirmation, or Signature 		ured mail,		\	
Confirmation		<u>. </u>			
g. Sending Expres	ss Mail				
Other postal serv	ices:				
a. Entering permi	t mailings	Yes 💆	No 🗌		
b. Resetting/using	j postage meter	Yes 🗌	No X		
personal needs?	o you pass another Post Office or Station during butersonal needs? Yes yes, which offices:		No	×	
For which of the for services?	- •	-	ity? (Check all that a	apply.) Where do yo	u go to obta
Shopping	A JONG	sb=no	<u>n R</u>		
Personal needs					
Banking					**************************************

Employment					



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	I oppose changing the Post officer
	THINK OUR Service Would Be Worse!
	We need the full service it offers.
	It would be a Huge INCONVINCE to 90 to
	Walnut Ridge For Services!

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: Rustel Town, 50N (please print your name)

Address: <u>606 5. W. Marlle 5t.</u>

Telephone number: <u>886-5308</u> Date: <u>10-16-10</u>

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. Please check the a	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
Postal Services		Daily	V	/eekly	Monthly	Never	
a. Buying stamps					X		
b. Mailing letters		X					
c. Mailing parcels					X		
d. Picking up Post	Office box mail	X					
e. Buying money	orders				Z		
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature							
Confirmation	.				Ø		
g. Sending Expres	s Mail				Ø		
Other postal serv	ices:						
a. Entering permit	t mailings	Yes 🗵	No				
b. Resetting/using	postage meter	Yes 🗌	No	X			
Do you pass anoth personal needs?		tation during b	usiness ho	urs while tr No	aveling to or from wo	rk, or shopping, o	
If yes, which office	3 :					······	
MANAGA A A MINING MANAGA A MININ		***************************************			THE RESERVE OF THE PROPERTY OF		
						<u></u>	
For which of the fol services?	lowing do you leav	e your commu	inity? (Che	ck all that a	apply.) Where do you	u go to obtain the	
Shopping	귤		_		***************************************		
Personal needs	B	annan an		****	***************************************		
Banking					***************************************		
Employment		***************************************					
Social needs							



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☑
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: FARM SERVICE, Inc. (please print your name) ress: P.O. Box 249 Hotte, An 71433
Add	ress: P.O. Box 249 HOTE, An 72433
	phone number: <u>870-886-7779</u> Date: <u>10-18-10</u>

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. Please check the ap	propriate box to i	ndicate whether	you use the Hoxie F	ost Office for each	of the follow		
Postal Services		Daily	Weekly	Monthly	Neve		
a. Buying stamps			×				
b. Mailing letters			×				
c. Mailing parcels				×			
d. Picking up Post C	Office box mail			×			
e. Buying money or	ders			×			
f. Obtaining special Certified mail, Re- Delivery Confirma Confirmation g. Sending Express	gistered mail, Ins ition, or Signaturi	ured mail,		×			
Other postal service		Yes 🗌	No 💢				
b. Resetting/using p	ostage meter	Yes 🗌	No 🙇				
Do you pass another personal needs?		tation during bus	siness hours while tra	,	ork, or shopp		
If yes, which offices:				£			
For which of the follo services?	wing do you leav	e your communi	ty? (Check all that a	ipply.) Where do yo	u go to obta		
Shopping	shopping & sarsboro or walnut lidge						
Personal needs	to Jone	<u>sboro</u>	······				
Banking	B						
Employment	. П	······································	**************************************				
Social needs	M Jones	aco, La	about Ride	ie Parago	ıld		



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☒
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	I would have to wait for the mail Because
	I would have to wait for the mail Because it would not come of the same time every day
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	I would worm that we will loose our Post office. Walnut Ridge is closer to use then brestoio but I feel
	walnut Ridge is closer to use then brestorio but I feel
	that the Town of Hoxie is Slowly Loosing everything to walnut Ridge + one day there will be no Hoxie. I
	to walnut Ridge + one day there will be no Hoxie. I
	want the post office to Stay Just as it is. Please,
	Don't take it away.
-	
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Valerie Meker (please print your name)
	ress: 207 NE 4th St. Hoxie AR 72433
	phone number (870) 809-1338 Date: 10-17-10

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A Company



1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:					
	Postal Services		Daily	Weekly	Monthly	Never
	a. Buying stamps					
	b. Mailing letters					
	c. Mailing parcels			A		
	d. Picking up Post (Office box mail				\checkmark
	e. Buying money o	rders		Q/		
		egistered mail, Instation, or Signature	ured mail,			
	Other postal service a. Entering permit		Yes 🗹	No 🗌		
	b. Resetting/using	postage meter	Yes 🔲	No 🗆		
2.	Do you pass anothe personal needs? If yes, which offices:	Yes		No		·
3.	For which of the folloservices? Shopping Personal needs Banking Employment Social needs	owing do you feave	e your community neshone neshore	? (Check all that a	pply.) Where do you	



4.	Do you currently use local businesses in the community?
	Yes 🗹 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	i. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the
	I'm not in favor of the move. The postal Services. I'm not in favor of the move The postal Service
Y	congred the lease for another 54rs. and
-	enewed the lease for another 5yrs. and the routes need to Stay at Hoxie.
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal. alot of elderly Customers walk to the Hoxie post office. If you move it they cant walk
	post office. It you move if they cant walk
	that far.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nar	ne: $20LA$ Brewer (please print your name) ress: 310 Pucan St Hoxie AF72433 sphone number: $876-884-662$ Date: $10-26-10$
Add	ress: 310 PicAN ST HOXIE AF7243-3
Tele	phone number: 876-884-6662 Date: 10-26-10

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Postal Services		Daily	Weekly	Monthly	Neve
a. Buying stamps				×	
b. Mailing letters			Ĭ		
c. Mailing parcels			- Constitution of the Cons	这	
d. Picking up Post	Office box mail				
e. Buying money	orders			Ă	
	al services, includin Registered mail, Ins nation, or Signature	ured mail,			
Confirmation	investment of the margin contract			M	
g. Sending Expres	ss Mail				
Other postal servi	ices:				
a. Entering permit	t mailings	Yes 📉	No 🗆		
b. Resetting/using	g postage meter	Yes 🏋	No 🗌		
Do you pass anoth personal needs?	er Post Office or SI Yes	ation during busi	iness hours while tra	eveling to or from wo	
Do you pass anoth personal needs? If yes, which offices	er Post Office or SI Yes s:	ation during busi	iness hours while tra		
Do you pass anoth personal needs? If yes, which offices For which of the fol	er Post Office or SI Yes s: liowing do you leav	e your communit	iness hours while tra No }	pply.) Where do yo	u go to obta
Do you pass anoth personal needs? If yes, which offices For which of the fol services?	er Post Office or SI Yes s: liowing do you leav	e your communit	iness hours while tra No }		u go to obta
Do you pass anoth personal needs? If yes, which offices For which of the fol services? Shopping	er Post Office or SI Yes s: liowing do you leav	e your communit	iness hours while tra No }	pply.) Where do yo	u go to obta
Do you pass anoth personal needs? If yes, which offices For which of the fol services? Shopping Personal needs	er Post Office or SI Yes s: liowing do you leav	e your communit	iness hours while tra No }	pply.) Where do yo	u go to obta



4.	Do you currently use local businesses in the community?
	Yes X No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	What is the purpose for the Marge?
	What is the purpose for the Change? Will it some money or be better service? It will give Wainut Risge Contract
	It will give Wainut Risge Contract
	vien Horizi pest office services.
	In not in foron of this Change at all
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
	ne: Hele W Wilburw (please print your name)
	ress: 804 N.E. FRONT St.
Tele	phone number: 886-2180 Date: 10-16-20 10

DOCKETNO.	7243		
ITEM NO.	22		
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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:				
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps		Þ.		
	b. Mailing letters	D			
	c. Mailing parcels	N N			
	d. Picking up Post Office box mail	K			
	e. Buying money orders		alpha		
	f. Obtaining special services, including Certified mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings b. Resetting/using postage meter	ired mail,	No []		
•		ļ	_		uk ay abaasiaa ay foo
2.	Do you pass another Post Office or Sta personal needs? Yes		iness nours while tra	3	irk, or snopping, or to
	If yes, which offices:				
3.	For which of the following do you leave services?	your communit	y? (Check all that a	pply.) Where do yo	u go to obtain these
	Shopping Personal needs Banking Employment Social needs				



4.	Do you currently use local businesses in the community?
	Yes No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	IT (5 10(a)
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	If we Don't Have This Office
	If we Don't Have This Office I will Have To Dive
	5 miles one my to The
	Post office and to the
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ne: $\frac{1}{\sqrt{\alpha u}} + \sqrt{u} + \frac{1}{\sqrt{u}}$ ress: $\frac{211}{\sqrt{5}} = \frac{5}{\sqrt{9}} + \frac{1}{\sqrt{9}} = \frac{1}{\sqrt{9}} + \frac{1}{\sqrt{9}} = \frac{1}{9$
Add	ress: 2411 SE 210 Hoxing 171 72-13)
Tele	phone number: \$76-769-0736 Date: (0 -1)-40

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps			ď	100000		
	b. Mailing letters					and the second	
	c. Mailing parcels				,		
	d. Picking up Post 0	Office box mail		anner.			
	e. Buying money of	rders			ď		
		gistered mail, Inst ation, or Signature	ured mail,				
				*******	National Parks	<u> </u>	
	Other postal service		V - 🗀				
	a. Entering permit r	-	Yes □	No 🗹			
	b. Resetting/using	postage meter	Yes 🖾	No 🗌			
2.	Do you pass another personal needs?	r Post Office or St	_	ness hours while tra		ork, ar shopping, ar f	or
	If yes, which offices:	Walnus Ri	de Bate	sville, Cav	e Cily		
3.	For which of the follo	owing do you leave	e your community	/? (Check all that a	pply.) Where do yo	u go to obtain these	
	Shopping	Z June	WW ()				
	Personal needs	<u> </u>					
	Banking		. AO 1	•			
	Employment	& Bates					
	Social needs	of James	DOVO				



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
	Just as Good ☐ No Opinion ☐ Unfavorable ☑
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	·
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	•
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Νаπ	ne: Beth Willford (please print your name)
	ress: 10. Box 85 Hox e AK 72433
مامT	phone number: 470 886 2450 Date: 10 116 10

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps			gamento.	[3]		
	b. Mailing letters			図			
	c. Mailing parcels					Σ	
	d. Picking up Post O	ffice box mail				മ	
	e. Buying money or	ders				\boxtimes	
	f. Obtaining special s Certified mail, Reg Delivery Confirmat Confirmation	jistered mail, Insi	ured mail,			囟	
	g. Sending Express !	Mail				Χ	
	Other postal service a. Entering permit m		Yes □	No			
	b. Resetting/using p	ostage meter	Yes 🗌	No 🗹			
2.	Do you pass another personal needs? If yes, which offices:		ation during busi			ork, or shopping, o	or for
3.	For which of the follow services?	wing do you leave	e your community	y? (Check all that a	pply.) Where do yo	u go to obtain the	se
	Shopping	<u> </u>	Jones	oro	······		
	Personal needs	<u> </u>	Gone	eboro	+ Walne	it Kedg	معر
	Banking	o Wa	Inect to	ridge_	**************************************	· · · · · · · · · · · · · · · · · · ·	
	Employment	o Let	Led				
	Social needs	v C	hurch	- Walnu	it Ridg	2	



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☑
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	We would have to drive about 15 miles to receive letters with 15 miles to receive letters with Postage due on thom. * arrured letters, e would be delivered two or three days lo would be delivered two or three days lo II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. I do not want any changes made in our Post Office. I like it as is
	and the state of factors
Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: MARY ANN GRADDY (WARREN) (please print your name) (ress: 300 Lawrence CR. 511 - Hope AR 72 433
Add	1ress: 300 Lawrence CR. 5/1. # oper 172 433

Telephone number: 870 - 886 - Z827 Date: 10 - 18 - 10

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Postal Services		Daily	W	/eekly	Monthly	Never
a. Buying stamps					Image: Control of the	
b. Mailing letters					manad	
c. Mailing parcels					D.	
d. Picking up Post	Office box mail					
e. Buying money	orders					
	l services, includir egistered mail, Ins ation, or Signatur	sured mail,				
g. Sending Expres	s Mail					
Other postal servi		Yes □	No	d		
b. Resetting/using		Yes □	No			
Do you pass another personal needs? If yes, which offices	Ye:	itation during but		No [
For which of the foll services?	owing do you leav	ve your communi	ity? (Che	ck all that ap	oply.) Where do yo	u go to obtair
Shopping	U	***************************************				
Personal needs		***************************************		· · · ·	········	
Banking						
Employment						
Social needs	П					



4,	you currently use local businesses in the community?
	Yes No 🗆
	you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no nange to your delivery service. What would be your opinion about receiving service from a classified ation, which will provide the same mailing services and be located at the same location?
	ıst as Good ☐ No Opinion ☐ Unfavorable ☐
6.	ollowing are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	ditional comments, please add on a separate piece of paper and attach it to this form. you for taking the time to complete this questionnaire.
Nam	Vella Fedisk (please print your plame)
Addr	s: <u>5/1 5 & de cond sy 4 oxi e A R 72 433</u> one number: Date: <u>10-19-20 7</u>
Telep	one number: Date: Date:

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Please check the appropriate box	c to indicate whether y	ou use the Hoxie F	ost Office for each	of the follow
Postal Services	Daily	Weekly	Monthly	Neve
a. Buying stamps		<u>,</u>	×	
b. Mailing letters		X		
c. Mailing parcels				,⊠
d. Picking up Post Office box ma	il 🗆			/ 2
e. Buying money orders				X
 f. Obtaining special services, incl Certified mail, Registered mail Delivery Confirmation, or Signa Confirmation g. Sending Express Mail 	, Insured mail,			1
Other postal services:		\		
a. Entering permit mailings	Yes 🗌	No par		
b. Resetting/using postage mete	er Yes □	No 🔯		
Do you pass another Post Office opersonal needs? If yes, which offices:	Yes 🗍	No		
in yes, which offices.				
For which of the following do you services?	leave your community	/? (Check all that a	pply.) Where do yo	u go to obta
Shopping	Joresbore	<u> </u>		
Personal needs	Jelnut A	Zidge ,		
Banking 💆 🛴) alnut R	idge/	Toresboro)
Employment		, , 		
Social needs				



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
	Sustas Cook II 140 Opinion II Sinavorable II
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Peter Senta Shoup (please print your name)
Add	ress: 106 Defroit
Tele	phone number: Date:

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i. Please Check in	ie appropriate box to i	ndicate whether y	ou use the moxie r	ost Office for each	of the following.
Postal Service	s	Daily	Weekly	Monthly	Never
a. Buying stam	ps				
b. Mailing letter	rs		31111111111111111111111111111111111111		
c. Mailing parce	els				
d. Picking up P	ost Office box mail				
e. Buying mon	ey orders		[
Certified mai	ecial services, includir I, Registered mail, Ins firmation, or Signature	ured mail,			
Confirmation				U	
g. Sending Exp	ress Mail				
Other postal se	ervices:				
a. Entering per	mit mailings	Yes 🗌	No 🔽		
b. Resetting/us	sing postage meter	Yes 🔽	No 🗌		•
Do you pass an personal needs*		tation during busing	ness hours while tra		rk, or shopping, (
If yes, which offi	ces: Other	Post Office	es are do	unichun	
		UUUULUUUIIIIIIIIIAAAAAAAAAAAAAAAAAAAAAA			·
3. For which of the services?	following do you leav	e your community	(Check all that a	pply.) Where do you	i go to obtain the
Shopping					
Personal needs					
Banking				UUUU-VUIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Employment	W Art	SASME	RXAS, OK	HE Amondal	isouri
Social needs					



4.	Do you currently use local businesses in the community?
	Yes \(\text{No } \text{V}
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☑
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	Would be no customer service
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	Consider the postal customers and having customer service.
	Service.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: WILLIAM OFFICE SUPPLY (please print your name)
	ress: 110 SW TEXAS Street Hoxie
Tele	phone number: (870) 236-8455 Date: 10-25-10
	* E-mail: contacta william office supply com

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Please check the	appropriate box to i	ndicate whether	you use the Hoxie F	ost Office for each	of the following:
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps					
b. Mailing letters					
c. Mailing parcels					
d. Picking up Posi	Office box mail				
e. Buying money	orders			4	
Certified mail, F	al services, includir Registered mail, Ins mation, or Signatur	ured mail,	П	₩.	п
	an Afmil		<u> </u>		
g. Sending Expres	ss Ividii	Ц	L	G .	Ц
Other postal serv	ices:				
a. Entering permi	t mailings	Yes 🗌	No 🖭		
b. Resetting/using	g postage meter	Yes 🗹	No 🔲		
Do you pass anoth personal needs? If yes, which office	Yes		, No	eveling to or from wo	rk, or shopping, o
For which of the fo services?	llowing do you leav	e your communit	y? (Check all that a	pply.) Where do you	u go to obtain thes
Shopping			- Add Add Add Add Add Add Add Add Add Ad		***************************************
Personal needs					
Banking	<u> </u>				occupación de la company de la
Employment	W Ark	iansas, Ol	<u> Clahoma, 7</u>	Texas + Mis	<u>ranos</u>
Social needs					



4.	
	Yes No No
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same focation?
	Just as Good ☐ No Opinion ☐ Unfavorable ☑
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	Would be no customer service.
	radius the 110 costonier service.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	Consider the postal customers and having customer service
	Consider the position of the control
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: John W. Winningham, Jr. (please print your name)
Addı	ress: PO Box 54 HoxiE
Tele	phone number(870) 236-8455 Date: 10-25-10
E-	mail: Junininghama william officeaupply com

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Postal Services		Daily	Weekly	Monthly	Neve
a. Buying stamps					
b. Mailing letters					
c. Mailing parcels				9	
d. Picking up Pos	t Office box mail			□ 4m2	
e. Buying money	orders			Someth	
Certified mail, F	al services, includir Registered mail, Ins mation, or Signatur ss Mail	ured mail,		Sometime D	
Other postal serv	ices:				
a. Entering permi	t mailings	Yes 🗌	No 🖳		
b. Resetting/using	g postage meter	Yes 🗌	No I		
personal needs?	Yes		N	traveling to or from wo	
For which of the fo	s:			it apply.) Where do yo	
services?	n 16.1),			
Shopping		- Han	$\theta = 2$, , , , , , , , , , , , , , , , , , ,	
Personal needs	$\Box 0 0$	and the	not those		A A A A A A A A A A A A A A A A A A A
Banking		will hope	<i>y</i> <u>U</u>		
Employment					
Social needs	r1				



4.	Do you currently use local businesses in the community?
	Yes I No No
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	Every morning is drop, my daughter off a school go to past obtice to a what wheeld there my sister cannot drive, so is have to take came of checking
	off a school go to postablice to
	what uneed there my suter carnot
	drive, so is have to take come of checkery
	both PO boxes.
	Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	10+ 01 asmaller place, but is
	Very convient & alot quocker
	very convient to alot quocker Service, not as crowded.
	,
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
	Kimba, L. Rober
Nan	(please print your name)
Add	ress: PO150x 143 Hoxie (1116 SE 22 Hoxu)
Tele	phone number: <u>(037-2572</u> Date: <u>10-22-7</u> 0

DOCKETNO.	72-433
item No.	22
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1.	Please check the a	ippropriate box to i	ndicate whether y	ou use the Moxie F	ost Office for each	of the following:	
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps				Ø		
	b. Mailing letters			V			
	c. Mailing parcels				₩.		
	d. Picking up Post	Office box mail	V	Faire 1			
	e. Buying money	orders			□		
		tegistered mail, Ins nation, or Signatur	ured mail,			0 0 CA	sional
	Other postal servi	ices:					
	a. Entering permit	t mailings	Yes 🗌	No 🗹			
	b. Resetting/using	postage meter	Yes 🔲	No 🖫			
2.	Do you pass anoth personal needs?		tation during busin	ness hours while tra	1	rk, or shopping, or for	
	**************************************	***************************************	**************************************				
3.					apply.) Where do you		
	Shopping					onnichae gageneria and annichae game	
	Personal needs					The state of the s	
	Banking						
	Employment	Or Q	ocahonts	K, AL	/ Jones bo	vo AR.	
	Social needs	D		/			



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☑
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. Ink you for taking the time to complete this questionnaire.
Nar	ne: EARL LAMB (please print your name) (please print your name) (please print your name) (please print your name)
Add	Iross P. D. Boy 308 / 400 NE 2nd St

Telephone number: 870-759-1028 Date: 10-18-10

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1.	Please check the appropriate box to in	dicate whether y	ou use the Hoxie P	ost Office for each	of the following:	
	Postal Services	Daily	Weekly	Monthly	Never	
	a. Buying stamps			X		
	b. Mailing letters	∇				
	c. Mailing parcels	Ĝ	abla			
	d. Picking up Post Office box mail	Ø	6			
	e. Buying money orders				X	
	Obtaining special services, including Certified mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation Sending Express Mail			XI SA		
	Other postal services:		,	ŧ		
	a. Entering permit mailings	Yes 🔲	No X			
	b. Resetting/using postage meter	Yes 🗌	No D			
2.	Do you pass another Post Office or State personal needs? Yes		ness hours while tra	veling to or from wor	rk, or shopping, or f	or
	If yes, which offices:	1 1	Hope is!	<u>C10504</u>	annich de la company de la com	
3.	For which of the following do you leave services?	your community	/? (Check all that a	pply.) Where do you	go to obtain these	<u>;</u>
	Shopping & Jon	esboro			addaminer	
	Personal needs X Times	b~o	A A A A A A A A A A A A A A A A A A A	The state of the s	ARRIVA MARKATAN MARKA	
	Banking	- Commented in the Comm	uninaami.			
	Employment				• • • • • • • • • • • • • • • • • • •	
	Social needs	WHITE AMERICAN CONTRACTOR OF THE PROPERTY OF T	unnitabiliti	· · · · · · · · · · · · · · · · · · ·	HILLIA AMERICAN AND AND AND AND AND AND AND AND AND A	



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion No
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	1. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. The local PD has been reduced in hours already. That we have to watch the clock already. That we have to watch the clock to buy stamps or other services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. Open Hours are Goor I feel that the town decimes a full time Po
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	(please print your name)
Tele	phone number 875-886-3701 Date: 18-20-70

UNITED STATES
POSTAL SERVICE

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1.	Please check the ap	propriate box to i	ndicate whethe	er you use the Hoxie F	Post Office for each	of the following:
	Postal Services		Daily	Weekly	Monthly	Never
	a. Buying stamps			white by	, D	
	b. Mailing letters			white of	٥ - ا	
	c. Mailing parcels			is middle		
	d. Picking up Post (Office box mail	٦			
	e. Buying money o	rders				
	f. Obtaining special Certified mail, Re Delivery Confirma Confirmation g. Sending Express	gistered mail, Ins ation, or Signatur	ured mail,	as freic		
	Other postal service	es:				
	a. Entering permit	mailings	Yes 🗌	No 📶		
	b. Resetting/using	postage meter	Yes 🗌	No 🗂		
2.	Do you pass anothe personal needs?		tation during bu	usiness hours while tra		ork, or shopping, or
	If yes, which offices:					
3.	For which of the folio	owing do you leav	e your commu	nity? (Check all that a	apply.) Where do yo	u go to obtain these
	Shopping [] Ithus					
	Personal needs	i khon	ننا			***************************************
	Banking	ロ <u> </u>	le ,			····
	Employment		<u> Vius</u>	hamily and the second s	was a state of the	nddillery
	Social needs					



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable; ☑
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	groposal would have on the regularity or effectiveness of your postal services. The work fullying to clustroy a Small Hours and to clustroy a Small Hours and to clustroy
	11. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. The was truck it year year the terms of the family
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	(plages sriet value nams)
Add	phone number: \$70.856 77.84 Date: 10/19/2010
Tele	phone number: 870-886-77-84 Date: 10/19/7010

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Ph. A. Chem	$\rho \wedge$		



1.	Please check the a	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
	Postal Services		Daily	V	/eekly	Monthly	Never		
	a. Buying stamps					<u> </u>			
	b. Mailing letters								
	c. Mailing parcels								
	d. Picking up Post	Office box mail	G						
	e. Buying money	orders							
		Registered mail, Ins nation, or Signatur	ured mail,					/ Occasional	
	Other postal servi	íces:							
	a. Entering permit	t mailings	Yes 🔲	No					
	b. Resetting/using	postage meter	Yes	No					
2.	Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes No H							, or for	
	If yes, which offices								
		AND AND ADDRESS OF THE ADDRESS OF TH	AMIN'S SELECTION OF SELECTION O			— <u>— — — — — — — — — — — — — — — — — — </u>			
3.	For which of the fol services?	llowing do you leav	e your community	y? (Che	ck all that a	ipply.) Where do y	ou go to obtain th	nese	
	Shopping	or Jone	sporo		<u>,</u>	***************************************	***************************************		
	Personal needs		W			umir	HIADITATION AND AND AND AND AND AND AND AND AND AN		
	Banking								
	Employment						- William		
	Social needs	D-JONA	2 boro						



4.	Do you currently use local businesses in the community?
	Yes E' No [
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	pe: Janet Little (please print your name)
Addı	ress: POBOX 115 HOX'R AR
Tele	phone number: 810-759-2216 Date: 10[18] to

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1.	Please check the appropriate box to i	ndicate whether	you use the Hoxie P	ost Office for each	of the following:			
	Postal Services	Daily	Weekly	Monthly	Never			
	a. Buying stamps	Q		3				
	b. Mailing letters							
	c. Mailing parcets			June 1				
	d. Picking up Post Office box mail							
	e. Buying money orders			I martine				
	Obtaining special services, includir Certified mail, Registered mail, Ins Delivery Confirmation, or Signature Confirmation Sending Express Mail	ured mail,						
	Other postal services:							
	a. Entering permit mailings	Yes 🗌	No 🗆					
	b. Resetting/using postage meter	Yes 🗆	No 🗌					
2.	Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes No							
	If yes, which offices:							
3.						ž		
	Shopping	nton)	A A MILIP	AAAHHII.	hahhiiii			
	Personal needs		***************************************	***************************************				
	Banking				WAY THE			
	Employment	khillingerhiddinger			** hilling			
	Social needs							



4.	Do you currently use local businesses in the community?
	Yes No No
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
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6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
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	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. Service Should consider in deciding whether to adopt the proposal. Service Should consider in deciding whether to adopt the proposal. Service Should consider in deciding whether to adopt the proposal. Service Should consider in deciding whether to adopt the proposal. Service Should consider in deciding whether to adopt the proposal.
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	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	e: Otis Dray
ة. أند إغ	ress: 3, 4 Picar St
	D + 10
1 e]e	phone number XXC 3940 Date: Wal 19-10

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Please check the a	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the follow						
Postal Services		Daily	Weekly	Monthly	Neve		
a. Buying stamps							
b. Mailing letters							
c. Mailing parcels							
d. Picking up Post	Office box mail						
e. Buying money	orders	English .					
	Registered mail, Ins nation, or Signatur	ured mail,					
Other postal serv	ic es :						
a. Entering permi	t mailings	Yes 🗌	No 🗆				
b. Resetting/using	g postage meter	Yes	No 🗆				
Do you pass anoth personal needs?		tation during bus	siness hours while tra	•	ork, or shop		
If ves. which office	s:		ALIEU				
For which of the fo			ity? (Check all that a				
Shopping		ustero					
Personal needs			A SHIPPING TO SHIP	mode and the second sec			
Banking							
Employment	Employment						
Social needs	П						



4.	Do you currently use local businesses in the community?
	Yes 🗹 No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☑
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. Sold Wile it will had the Old Supple that walk
	additional comments, please add on a separate piece of paper and attach it to this form. k you for taking the time to complete this questionnaire.
Nam	e: Michael Arabination (please print your name)
Add	ess: 314 tecare 31
Tele	phone number: <u>886 - 3944</u> Date: <u>2 + 19 - 10</u>

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Postal Services		Daily	N	/eekly	Monthly	Never
a. Buying stamps		F		4		
b. Mailing letters		Ø				
c. Mailing parcels						図
d. Picking up Posi	Office box mail					
e. Buying money	orders					B
Delivery Confirm	al services, includir Registered mail, Ins nation, or Signatur	ured mail,		,		
Confirmation						
g. Sending Expres	ss Mail					Œ
Other postal serv	ices:			,		
a. Entering permi	t mailings	Yes 🗌	No	Ø		
b. Resetting/using	g postage meter	Yes [No	M		
Do you pass anoth personal needs?		tation during bus	iness ho	urs while tr	aveling to or from wo	ork, or shopp
If yes, which office	S'					***************************************
	WINDS TO THE RESERVE	HADAMATA VALUE VA	Hinkara e e e e e e e e e e e e e e e e e e			***************************************
For which of the fo services?	llowing do you leav	e your communi	ty? (Che	ck all that a	apply.) Where do yo	u go to obta
Shopping	W WA	LUNT R	dge	4-20	NESBORO	1.000°s
Personal needs	W.	ALNUT K	idge		уулган жана жана жана жана жана жана жана ж	
Banking		A CONTRACTOR OF THE PROPERTY O	<u> </u>		Julius Admires	Ohmerr,hiddineppuns
Employment						
Social needs						



4.	Do you currently use local businesses in the community?
	Yes W No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	NONE
	II Other Comments Disease asserted any other pieces or information that you hallow the Destain
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	NONE
	additional comments, please add on a separate piece of paper and attach it to this form. Now you for taking the time to complete this questionnaire.
Nan	(please print your name)
Add	ress: 424 C. RCLe DR. HOXIE AR 72433 phone number: 870-886-5859 Date: 10-19-20/n
Tele	phone number: 870-866-5859 Date: 10-19-20/0

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riease check the a	appropriate nox to i	indicate whether	you use the nox i	e Post Office for each	of the following:
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps					
b. Mailing letters			D		
c. Mailing parcels					
d. Picking up Posi	Office box mail				M
e. Buying money	orders		L		₹ .
	al services, includir Registered mail, Ins nation, or Signatur	ured mail,			
Confirmation					Y
g. Sending Expres	ss Mail	-			
Other postal serv	ices:				
a. Entering permi	t mailings	Yes	No 🗌		
b. Resetting/using	g postage meter	Yes 🔲	No 🗀		
Do you pass anoth personal needs?	er Post Office or S Yes			traveling to or from wo	rk, or shopping.
If yes, which office	s: Waln	"+ -1 !	lge Pi	out alka	·
AMBIPANA AMBIPANA	CO (ODVI	<u> </u>	rge	000	
For which of the fo services?	llowing do you leav	re your communit	y? (Check all the	at apply.) Where do you	s go to obtain th
Shopping	M	-			**************************************
Personal needs		- Variable of the second of th		White the state of	
Banking					
Employment					
Social needs	Ψ				



4.	Do you currently use local businesses in the community?	
	Yes No 🗆	
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there we change to your delivery service. What would be your opinion about receiving service from a classiation, which will provide the same mailing services and be located at the same location?	
	Just as Good ☐ No Opinion ☐ Unfavorable ☑	
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unravorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. 	
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.	
	r additional comments, please add on a separate piece of paper and attach it to this form. ank you for taking the time to complete this questionnaire.	
Nan	me: JAUICE KING (please print your name)	
Add	dress: Hay Cirche DK.	
Tele	ephone number: <u>\$70-886-5</u> 859 Date: <u>10-39-3</u> 0/0	

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riease check the a	appropriate bux to r	noicate whether	you use me noxie r	ost Office for each	or the rollo
Postal Services		Daily	Weekly	Monthly	Nev
a. Buying stamps) James III	Ø	
b. Mailing letters			Z Z		
c. Mailing parcels					
d. Picking up Post	Office box mail				7
e. Buying money	orders				7
Certified mail, F	Obtaining special services, including Certified mail, Registered mail, Insured mail,				
Confirmation	Delivery Confirmation, or Signature Confirmation				B
g. Sending Expres	ss Mail				व
Other postal serv	ices:				
a. Entering permi	t mailings	Yes 🗌	No12		
b. Resetting/using	g postage meter	Yes 🗌	No		
personal needs?	Yes	5 🖸	iness hours while tra	©	
services?	flowing do you leav	e your communi	ty? (Check all that a	apply.) Where do yo	ou go to obta
Shopping	$\square \ \ \ \ \ \ \ \ \ \ \ \ \$	1 / mis	hisso		***************************************
Personal needs	<u> </u>	- Jones	().		
Banking	- 4 al	M.C.F	do		***************************************
Employment	الله الله الله الله الله الله الله الله	Mar Kr Mr	\		***************************************
Social needs	$\Box 19 B 3$	Hoxie		AAAA HIII WAAAA AAAA AAAA AAAA AAAA AAAA	



4.	Do you currently use local businesses in the community?
	Yes No [
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Shinley Cooper (please print you name) ress: Cooper 5+
Add	ress: 1 Cooper st
	phone number: 870.886.5606 Date: 10\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

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1. Please check the	appropriate box to i	ndicate whether	you use the Hoxie I	ost Office for each	of the following:
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps	;			X	
b. Mailing letters			, wow	K	
c. Mailing parcels	5			Æ)	
d. Picking up Pos	st Office box mail				×
e. Buying money	orders			K	['] □
Certified mail,	ial services, includir Registered mail, Ins mation, or Signature ess Mail	ured mail,		Ki 🗆	
Other postal sen	vices:				
a. Entering perm	it mailings	Yes 🗌	No 🔯		
b. Resetting/usin	ng postage meter	Yes 🗌	No 🌣		
Do you pass anot personal needs? If yes, which office	Yes	_	siness hours while tra	aveling to or from wo	ork, or shopping, or fi
For which of the for services?	- ,		ity? (Check all that a		u go to obtain these
Shopping	B Wale	c/	and som	, 1	• \$
Personal needs	<u>k</u>			Cover / V	<u> Ĉie</u>
Banking	A			4	
Employment				, , , ,	*
Social needs	M	11		and Hox	le



4.	Do you currentl	ly use local businesses in the co	ommunity?		
		Yes 🕅		No 🗆	
5.	change to you	ceive carrier delivery or post or delivery service. What wo will provide the same mailin	iuld be your opinion a	about receiving service from	a classified
	Just as Good	☐ No Opinion [☐	Unfavorable		
6.	Following are o	omments I wish to make conce	rning the proposed cha	nges to the Hoxie Post Office.	
Ô	1. Effect on proposal w The H Hoxee	Your Postal Services Describerould have on the regularity or excelled fixed expectables of the services of the	e any favorable or unfa iffectiveness of your po in reary encorrect	vorable effects you believe the stal services.	the people
i	V				
		nments Please provide any oth ould consider in deciding wheth		-	
		ents, please add on a separate the time to complete this quest		ach it to this form.	
Nan	ne: <u> </u>	ene Fielder se print your name) Lawrence 635	า		
Add	ress: <u>199</u>	Lawrence 635	WelnutKi	dge, Ar. 72476	
		810-886-2974	Date: 10 -19-		

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UNITED	STATES
POSTAL	SERVICE

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Postal Services	Daily	ou use the Hoxie F Weekly		Never		
	-	Weekly	Monthly	Never		
a. Buying stamps						
b. Mailing letters						
c. Mailing parcels				Ó		
d. Picking up Post Office box m	ail 🔲					
e. Buying money orders						
 f. Obtaining special services, in Certified mail, Registered ma Delivery Confirmation, or Sig 	ail, Insured mail,			C.		
Confirmation			· ·	ET .		
g. Sending Express Mail			<u>.</u>			
Other postal services:						
a. Entering permit mailings	Yes 🔲	No d				
b. Resetting/using postage me	ter Yes 🗌	No 🖽				
Do you pass another Post Office personal needs? If yes, which offices:	Yes 🗌	No /	4	•		
For which of the following do y o	u leave your community	y? (Check all that a	pply.) Where do yo	u go to obtain ti		
services?						
Shopping 💆	genesfor	11		and the same of th		
Personal needs	Jonesfor	0, 1000				
Banking 💆				101		
Employment 🔲	Ketire	<u> </u>	- Andrew Control of the Control of t			
Social needs	1 Hirm I. R.	UN 1				



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxle Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	I Die None
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
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	Fif it-
For	additional comments, please add on a separate piece of paper and attach it to this form.
	nk you for taking the time to complete this questionnaire.
Nan	ne: Fudon Fielder (please print your name)
Add	ress: 199 Law, 635
	phone number: 886 - 2974 Date: Oct 19

-	UNITED STATES
	POSTAL SERVICE

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps				D		
	b. Mailing letters			A			
	c. Mailing parcels						
	d. Picking up Post C	ffice box mail	J		Entering	inner.	
	e. Buying money or	ders			J		
	f. Obtaining special : Certified mail, Reg Delivery Confirma Confirmation g. Sending Express	gistered mail, Ins tion, or Signatur	sured mail,				
	Other postal service		Y []	N		ŕ	
	a. Entering permit n		Yes 🗌	No E			
	b. Resetting/using p	ostage meter	Yes 🗌	No JE			
2.	Do you pass another personal needs?		tation during busi		aveling to or from wo	ork, or shopping, or	for
	If yes, which offices:	······································					
3.	For which of the followservices? Shopping Personal needs Banking	amentaria.		y? (Check all that a	ipply.) Where do yo	u go to obiain thes	g)
	Employment	- Hop	e 50/co	e0			
	Social needs	1 Jon	glione	<u> </u>		· · · · · · · · · · · · · · · · · · ·	



4.	Do you currently use local businesses in the community?
	Yes No [
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
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For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam Add	0 20 11 10
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Postal Customer Questionnaire

VINITED STATES
POSTAL SERVICE

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Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps			lose and	国′	
b. Mailing letters	sonutive	Transport			Lanna de la companya
c. Mailing parcels					
d. Picking up Post	Office box mail ;				K
e. Buying money o	orders			Ø	
Certified mail, R	egistered mail, Insu ation, or Signature	red mail,			
g. Sending Express	s Mail				E
a. Entering permit b. Resetting/using	mailings postage meter	Yes Yes	No I		
personal needs?	Yes	ation during bus A all Havie	out No!	Leave	it like
For which of the foll services?	owing do you leave	your communit	ty? (Check all that a	pply.) Where do you	go to obtain these
Sho p ping	e		<u></u>		
Personal needs	<u> </u>		Li de venina.	\$ A 7	-
Banking	E		MANUFACTURE AND ADDRESS OF THE PARTY OF THE	······································	a a a a a a a a a a a a a a a a a a a
Employment			The second secon	- Augusta	
Social needs					
	a. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post e. Buying money of f. Obtaining specia Certified mail, R Delivery Confirm Confirmation g. Sending Express Other postal servic a. Entering permit b. Resetting/using Do you pass another personal needs? If yes, which offices For which of the follower in the services? Shopping Personal needs Banking Employment	a. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Office box mail; e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings b. Resetting/using postage meter Do you pass another Post Office or Stapersonal needs? Yes If yes, which offices: For which of the following do you leave services? Shopping Personal needs Banking Employment	a. Buying stamps b. Mailing letters Sontification c. Mailing parcels d. Picking up Post Office box mail s e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings b. Resetting/using postage meter Yes Do you pass another Post Office or Station during bus personal needs? Yes If yes, which offices: How which of the following do you leave your communications or which you have your your your your your your your your	Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Office box mail f e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings b. Resetting/using postage meter Yes No Office or Station during business hours while trapersonal needs? Yes For which of the following do you leave your community? (Check all that a services? Shopping Personal needs Employment	a. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Office box mail ; e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings b. Resetting/using postage meter Yes No Do you pass another Post Office or Station during business hours while traveling to or from wor personal needs? Yes If yes, which offices: How August For which of the following do you leave your community? (Check all that apply.) Where do you services? Shopping Personal needs Banking Employment



4.	Do you currently use local businesses in the community?
	Yes No No
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
	dust as 6000 [140 Opinion [Onlavorable [
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	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
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	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. Keep it in Haylie, it pust as importance as a R. e. of R.
Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: $\frac{Rose}{Olease}$ Strocup (please print your name) ress: $\frac{2507}{SE}$ SE $\frac{1}{10}$ MH $\frac{1}{10}$ AVX. $\frac{1}{2}$ AVX.
hhA	ress: 2507 SF, Flort Hoxie AVX.72433
Tele	phone number: 886=5811 Date: OC+19, 2010

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Daily Daily Daily Daily Property of the control	Weekly	Monthly	Never
nail coluding ail, Insured mail, pnature Yes	No E		
nail coluding ail, Insured mail, pnature Yes	No E		
cluding ail, Insured mail, gnature	No E		□ /
cluding ail, Insured mail, gnature	No E		□ /
ecluding ail, Insured mail, gnature	No E		⊡√,
ail, Insured mail, mature	□ No □		
☐ ☐ Yes ☐	□ No □		
Yes 🗌	No ☑		区
eter Yes 🗌	No m		
	No 🖸		
e or Station during bus Yes □		traveling to or from wo	rk, or shopping,

	u leave your commun	u leave your community? (Check all that	Yes ☐ No ☑ u leave your community? (Check all that apply.) Where do you



	ł
	Coul
4.	Do you currently use local businesses in the community?
	Do you currently use local businesses in the community? Yes The No Provide the same mailing services and he located at the same location?
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	I like my mail delivered as is to
	I like my mail delivered as is to my box here at my odress.
	·
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	Il thick Postal Service is
	Great as is and although I
ć	don't use all the things, it o'll not able to get them any longer. But, I needed it, Singladities a vailable huck you
0	able to get them any longer. But, y
مرد	needed it, Singladides a vailable Thank you
For	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	
Add	ress: Hopie ARI 2433
مام ۳	inhone number:

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Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps			П		n.
b. Mailing letters		[]	T	<u></u>	
_				<u></u>	<u></u>
c. Mailing parcels		<u>L</u>			
d. Picking up Post	Office box mail				
e. Buying money	orders				
	al services, includir Registered mail, Ins nation, or Signature	ured mail,			
Confirmation					
g. Sending Expres	s Mail				<u> </u>
Other postal serv	ices:				
a. Entering permi	t mailings	Yes 🔲	No I		
b. Resetting/using	postage meter	Yes 🗌	No 🗔		
Do you pass anoth personal needs? If yes, which office	.,		siness hours while tra No (Walnut)	-	ork, or shopping
			ity? (Check all that a		u go to obtai
Shopping	9			- LL STATE OF THE	
Personal needs		Plane and the second se			444-
Banking	<u> </u>			AAHPP AAAHPP AAAAAAAAAAAAAAAAAAAAAAAAAA	
Employment					
• •					



4.	Do you currently use local businesses in the community?
	Yes U No [
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	as the stand of the day of the day of the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. Ink you for taking the time to complete this questionnaire.
Nar	ne: Dawnum's waste Services Inc 31 & 35 Romines (please print your name) Hoxie
Add	(please print your name) (+0x1e) Iress: 1-0 POX 9364 JONES boro AR 72403
Tele	ephone number: 886 5434 Date: 10-18-10

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1.	riease check the app	propriate pox to ii	idicate v	whether you	a use	ille noxie i	rost O	mice for e	ach or me	HOROW	ing:
	Postal Services		D	aily	V	/eekly	ı	Monthly		Never	
	a. Buying stamps							A			
	b. Mailing letters					\mathbf{Z}					
	c. Mailing parcels										
	d. Picking up Post C	office box mail						Ø			
	e. Buying money or	ders						Ø			
	f. Obtaining special s Certified mail, Re- Delivery Confirma	gistered mail, Insi	ured mai	11 ,							
	Confirmation	leon, or signature	·					M			
	g. Sending Express	Mail									
	Other postal service	9 s:									
	a. Entering permit m	nailings	Yes		No						
	b. Resetting/using p	ostage meter	Ýes		No						
2.	Do you pass another personal needs? If yes, which offices:	Yes	区	N.		No					ing, or for
3.	For which of the followservices?									to obtai	n these
	Shopping			AAAHHII QOO							
	Personal needs								<u>, , , , , , , , , , , , , , , , , , , </u>		
	Banking										
	Employment		ŧ	***************************************			······································				
	Social needs	10 Jan	e) L	oro_				Abhillistepp			



4.	Do you currently use local businesses in the community?
	Yes 🕱 No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
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	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Patricia Baker (please print your name)
Add	ress: 408 S.E Hayes St
	phone number: 870637-2124 Date: 10-26-16

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Please check the a	appropriate box to	indicate whether	you use t	he Hoxie I	Post Office for each	of the following
Postal Services		Daily	W	eekly	Monthly	Never
a. Buying stamps				Image: Control of the		
b. Mailing letters		Image: Control of the				
c. Mailing parcels					P	
d. Picking up Post	Office box mail					
e. Buying money	orders					
	tegistered mail, Ins nation, or Signatur	sured mail,			□ /	
Other postal serv	ices:					
a. Entering permit	t mailings	Yes 🗌	No	Ø		
b. Resetting/using	postage meter	Yes 🗌	No	Ø		
personal needs?	Yes	3 		No	aveling to or from wo	
			WO	III,	apply.) Where do yo	
For which of the fol services?	lowing do you lear	e your communi	y: (Gile	vy all hidt c	appsy.) valiele do you	J go to obtain
Shopping				***************************************	···	
Personal needs		AND THE PROPERTY OF THE PROPER			**************************************	
Banking		- LUUUUU HAAAAA LA LA LUUUUU HAAAAAAA LA		uuliinaamine, ,		separanimi.
Employment						
Social needs						



4.	Do you currently use local businesses in the community?
	Yes No No
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
For a Than	dditional comments, please add on a separate piece of paper and attach it to this form. k you for taking the time to complete this questionnaire.
Nam	e: JOANN DICKEY (clease print your name)
	ess: 301 LAW 511 HOXIE AR 12433 Shone number: 470-486-4200 Date: 10/24/10
Teler	shone number: 476 - 4700 Date: 10/24/10

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Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps			1		
b. Mailing letters			X	L.	
c. Mailing parcels				X	
d. Picking up Post (Office box mail	A			
e. Buying money o	rders			Total Control	X
	egistered mail, Ins ation, or Signature	ured mail,		. d	
Other postal service	ces:				
a. Entering permit	mailinaa	Yes □	No 👌		
a. Emering permit	ınaılıyə	169 L	140 Z		
b. Resetting/using	-		No Ž		
* '	postage meter or Post Office or Si Yes	Yes tation during busi	No Diness hours while tra	Y	•
b. Resetting/using Do you pass anothe personal needs?	postage meter or Post Office or Si	Yes tation during busi	No 🖄	¥	
b. Resetting/using Do you pass anothe personal needs? If yes, which offices: For which of the folloservices? Shopping Personal needs	postage meter or Post Office or Si	Yes tation during busi yes	No 🖄	¥	



4.	Do you currently use local businesses in the community?
1,	
	Yes ⊠ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
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	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
For a	additional comments, please add on a separate piece of paper and attach it to this form. k you for taking the time to complete this questionnaire.
	Rollin Smith
Narr	(please print your name)
Addr	ess: PO Box 203 Hoxe, AR 72433
Tele	phone number: \$70-219-5387 Date: 10124/10

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Please check the appropriat	te box to indicate whether	you use the Hoxte P	ost Office for each	of the follows
Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps			X	
b. Mailing letters		X		
c. Mailing parcels			Ø	
d. Picking up Post Office bo	ox mail			X
e. Buying money orders		- Control of the Cont		Z
 f. Obtaining special service Certified mail, Registered Delivery Confirmation, or Confirmation 	d mail, Insured mail,		Ø	
g. Sending Express Mail				Ø
Other postal services: a. Entering permit mailings	Yes 🗀	No ⊠		·
b. Resetting/using postage		No 🖾		
Do you pass another Post C personal needs?	Office or Station during busing Yes	iness hours while tra		rk, ar shoppi
If yes, which offices:				
For which of the following do services?	o you leave your communit		pply.) Where do you	
Shopping X_	Walnut W	R.		
Personal needs				
Banking			· · · · · · · · · · · · · · · · · · ·	
Employment	A A A A A A A A A A A A A A A A A A A	MARINE LAWRINGS LAWRENCE CO. C.	A B	
Social needs				

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4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Jenes e M. Rags da le (please print your name)
Add Tele	ress: <u>208 HAVS St. Hoxic Ar 72433</u> sphone number: <u>810 80 9 08/7</u> Date: <u>Oct 16, 2010</u>

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Please check the a	ppropriate box to	ndicate whether	you use the	e Hoxie F	ost Office for each	of the follows
Postal Services		Daily	We	ekly	Monthly	Never
a. Buying stamps						
b. Mailing letters						
c. Mailing parcels			:			
d. Picking up Post	Office box mail					
e. Buying money	orders					
	il services, includir legistered mail, Ins nation, or Signatur	sured mail,	!		П	П
g. Sending Expres	s Mail					
g. Sorieting Expro-	SW PRINCIS	<u> </u>	,	ha	L k	
Other postal servi	ces:					
a. Entering permit	mailings	Yes 🗌	No			
b. Resetting/using	postage meter	Yes	No			
Do you pass anoth personal needs?		tation during bus	siness hour	s while tra	eveling to or from wo	ork, or shopp
If yes, which offices		- ALLEN CONTROL OF THE STATE OF			SHIRING TO STATE OF THE STATE O	
- MAAN	UUUUIII AAA	······································	onning of the second of the se			······································
For which of the fol services?	lowing do you leav	e your communi	ty? (Check	all that a	pply.) Where do yo	u go to obta
Shopping			MAA.		444	talling Pitalling Co.
Personal needs						
Banking		SAARA				
Employment					**************************************	
Social needs	П					



4.	Do you currently use local businesses in the community?
	Yes No No
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
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	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
1 .1	·
nan	ne:(please print your name)
Add	resis:
Tele	phone number: Date:

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b. Mailing letters		Daily	Weekly	Monthly	Neve
c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shoppersonal needs? Yes No No	a. Buying stamps				图
d. Picking up Post Office box mail	b. Mailing letters				Z
e. Buying money orders	c. Mailing parcels		**************************************		
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shoppersonal needs? Yes No No	d. Picking up Post Office box	× maĭl □	V V V V V V V V V V V V V V V V V V V	photological state of the state	$\tilde{f Z}$
Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	e. Buying money orders				
Other postal services: a. Entering permit mailings Yes No 🔀 b. Resetting/using postage meter Yes No 🔀 Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No 🔀	Certified mail, Registered Delivery Confirmation, or	mail, Insured mail, Signature			Q
a. Entering permit mailings Yes No	g. Sending Express Mail				Ø
personal needs? Yes No No	a. Entering permit mailings		•••••		
		Yes 🗌	No	Ø	



4.	Do you currently use local businesses in the community?
	Yes No No
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	Service should consider in deciding whether to adopt the proposal.
,,,,,,	
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: 1523 Hwy 67, Hope Ar. 7383 phone number: 870-759-2177 Date: 10-16-18
Add	ress: 1523 Hwy 67, Hope AR. 72/33
Tele	phone number: 870-759-2/77 Date: 10 -16 -18

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Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps					
b. Mailing letters		anna d			
c. Mailing parcels					
d. Picking up Pos	t Office box mail				
e. Buying money	orders				
Certified mail, I	al services, including Registered mail, Insumation, or Signature				
Confirmation					
g. Sending Expre	ss Mail				4
Other postal serv	rices:				
a. Entering permi	t mailings	Yes	No 🖺		
b. Resetting/using	g postage meter	Yes 🗌	No Z		
Do you pass anoth personal needs? If yes, which office	Yes	4	ness hours while tra No (
For which of the fo services?	market .		y? (Check all that a	pply.) Where do you	u go to obtain these
Shopping	B G	Valnut	Kidge		<u> </u>
Personal needs	B _ U	ialnut	Kidge_	20000000000000000000000000000000000000	
Banking	B U	alnut.	rudge	ARANTA	
Employment		***************************************			
Social needs		salnut	Midae		



,	Do you currently use local businesses in the community?
** .	
	Yes No No
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
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For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: 229 S. True Parties
Add	ress: 229 S. Free Parter
Tele	phone number: Date: _/0~/8~/0

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1.	Please check the appropriate box to in	ndicate whether	you use the Hoxie F	ost Office for each	of the following:
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps				
	b. Mailing letters				
	c. Mailing parcels				
	d. Picking up Post Office box mail				
	e. Buying money orders				
	Obtaining special services, including Certified mail, Registered mail, Instruction Delivery Confirmation, or Signature Confirmation Sending Express Mail	ured mail,			
	Other postal services: a. Entering permit mailings	Yes □	No 🗆		
	b. Resetting/using postage meter	Yes □	No []		
2.	Do you pass another Post Office or St personal needs? Yes If yes, which offices:	Vaul	d be a the A	mist su Pas tonso:	toke Foffice
J.	services?	s your commun	ty: (Shook an that a	ppiy./ validic do jo	a ga ta sotain these
	Shopping				***************************************
		A CONTRACTOR OF THE CONTRACTOR	2249		
	·	***************************************		, WW	**************************************
	•	***************************************		AAAAA AAAA AAAA AAAAA AAAAA AAAAA AAAAA AAAA	
	Social needs				



4.	Do you currently use local businesses in the community?
	Yes No No
5 .	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
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	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: MARION E WALTON
Add	ress: 328 Jawrence ROAD 520 Hayin as 72433
Tele	phone number: 809-1179 Date: 1D-18-2010

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Postal Services		Daily	Weekly	Monthly	Neve
a. Buying stamps			σK		
b. Mailing letters			卤		
c. Mailing parcels					
d. Picking up Pos	t Office box mail	Q'			
e. Buying money	orders				
Certified mail, R	al services, includir Registered mail, Ins mation, or Signatur	sured mail,		-	
g. Sending Expres	ss Mail	, 🔲		á	
Other postal serv		Yes □	No D		
.			iness hours while tra	veling to or from wo	rk, or shop
personal needs?		· 🗆	No A		
If yes, which office	s:				
**************************************			***************************************	90000000000000000000000000000000000000	
. For which of the fo services?	llowing do you leav	re your communi	ty? (Check all that a	pply.) Where do yo	u go to obta
Shopping	A Jovesh	ORY AR	AAAAAAAAAAAAAAAA		
Personal needs	A VINES bo	•	ARARAAAAAAAAA		····
Banking	Simmon	· FRST	SoweSbAO p IERAL FROM	K	<u> </u>
Employment	DA AMERICA	on GGEN	IERAL FROM	n meniphis) ₁₅ Hucl
Social needs	EX levels	ORO, APR			



4.	Do you currently use local businesses in the community? Yes No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	Could CAuse PRESENT Service To detallate
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Dayle Blaven (please print your name)
Add	ress: P.a. Stax 268 Noxie AR. 72433
Tele	phone number: 870-586-2299 Date: 10/16/10

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1. Please check to	ne appropriate box to it	opropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
Postal Service	es	Daily	Weekly	Monthly	Never			
a. Buying stam	nps			区				
b. Mailing lette	rs		X					
c. Mailing parc	els				X			
d. Picking up F	ost Office box mail		A					
e. Buying mor	ney orders				×			
Certified ma	ecial services, includin il, Registered mail, Ins nfirmation, or Signature	ured mail,			X			
g. Sending Exp					X			
Other postal s		_	_/					
a. Entering pe	rmit mailings	Yes	No 🗷					
b. Res e tting/u	sing postage meter	Yes	No 🗵					
personal needs	Yes	X	No		ork, or shopping, or fo			
If yes, which of	fices: Walnut Ki	dge. Post	Office					
				MARAAAAA				
For which of the services?	e following do you leav	e your communit	y? (Check all that a	pply.) Where do yo	u go to obtain these			
Shopping	A Walnu	t Ridge	Icnesbor	Carried annotation and the second and th				
Personal needs	× Waln	ut Ridge	Jursbon	· <i>O</i>				
Banking	B Waln	ut Ridge		AAAAAAAAAAAAAAAAAAAAAAAAAAAA				
Employment	<u> </u>		***************************************					
Social needs	\$ Walne	it Ridge	Jonestero)	·······			



4.	Do you currently use local businesses in the community?
	Yes No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
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	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	••
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ne: TRICHARDSON (please print your name)
Add	ress: 114 Ray Drive Hoxie, AR 72433 P.O. Bx 22, Hoxie, AR 72433
Tele	phone number: 870-759-1824 Date: 10/17/10

DOCKETNO.	72433
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Postal Services		Daily	W	eekly	Monthly	Never
a. Buying stamps						1
b. Mailing letters						
c. Mailing parcels						
d. Picking up Post	Office box mail					
e. Buying money	orders					
Certified mail, R	al services, including tegistered mail, Insu nation, or Signature					
g. Sending Expres	s Mail					9
a. Entering permit b. Resetting/using	postage meter	Yes Yes	No No		secting to or from we	ule as chansin
b. Resetting/using Do you pass anoth- personal needs? If yes, which offices	postage meter er Post Office or Sta Yes s:	Yes ation during busi W MUT R COLUMN T COLUMN	No ness hou d g.e.	No [e cahont Leskoro	<u>'us,</u>
b. Resetting/using Do you pass anoth- personal needs? If yes, which offices	postage meter er Post Office or Sta Yes s: And S lowing do you leave	Yes ation during busi ALT R	No ness hou d 2.e mos,	No [De Cahen'T Leskoro. Oply.) Where do you	<u>'n 5,</u>
b. Resetting/using Do you pass anoth- personal needs? If yes, which offices Cor Dins	postage meter er Post Office or Sta Yes s:	Yes ation during busi ALT R	No ness hou d 2.e mos,	No [De Cahen'T Leskoro. Oply.) Where do you	<u>'n 5,</u>
b. Resetting/using Do you pass anoth- personal needs? If yes, which offices Cor Dins For which of the folservices?	postage meter er Post Office or Sta Yes s:A_AS lowing do you leave	Yes ation during busi AUT R OUT R your community your community	No ness hou descriptions, y? (Check	No [De Cahen't Leskoro. Oply.) Where do you	u go to obtain
b. Resetting/using Do you pass anoth- personal needs? If yes, which offices Cor Ding For which of the folservices?	postage meter er Post Office or Sta Yes s:A_AS lowing do you leave	Yes ation during busi AUT R OUT R your community your community	No ness hou descriptions, y? (Check	No [De Cahen'T Leskoro. Oply.) Where do you	u go to obtain
b. Resetting/using Do you pass anoth- personal needs? If yes, which offices Cor nulls For which of the folservices? Shopping Personal needs	postage meter er Post Office or Sta Yes s:	Yes ation during busi AUT R COINCE TI your community MAYT, MAYT, MAYT,	No ness hou destarted to the second s	No [De Cahen't Leskoro. Oply.) Where do you	u go to obtain



4.	Do you currently use local businesses in the community?
	Yes No Ed
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	It dosent really Mather Cause the
	Covernment is goina do, What They
	Want MNY Ways,
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	Like I Said it dosent Really Matter
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ress: 614 S.E. Pine St. Hexie AR. 72433
Add	ress: 614 S.E. Pine St. Hoxie AR. 72433
Tele	phone number: Date: @=== Date:

DOC	ŒTNO.
TIM	

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	-	7	~

PAGE



a. Buying stamps	. Please check the a	appropriate box to indicate whether you use the Hoxie Post Office for each of the following						
b. Mailing letters c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail	Postal Services		Daily	Weekly	Monthly	Never		
c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail	a. Buying stamps			Ø				
d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail	b. Mailing letters		囟					
e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings Yes No	c. Mailing parcels				K			
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No	d. Picking up Post	Office box mail	囡					
Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	e. Buying money	orders				Ŕ		
a. Entering permit mailings Yes No	Certified mail, R Delivery Confirm Confirmation	legistered mail, Ins nation, or Signature	ured mail,			Ø Ø		
a. Entering permit mailings Yes No	Other postal servi	ces:						
b. Resetting/using postage meter Yes No No	a. Entering permit	mailings	Yes 🗌	No 💆				
	b. Resetting/using	postage meter	Yes 🗌	No 🔯				
Do you pass another Post Office or Station during business hours while traveling to or from work, or she personal needs? Yes \(\sum \) If yes, which offices:	personal needs?	Yes		No	Ŕ			
	For which of the fol services?	lowing do you leav	e your communit	y? (Check all that a	(ppiy.) vvnere do yo	u go to obta		
	Shopping	\(\)			***************************************			
services?	Personal needs	X	4			**************************************		
services? Shopping	Banking	\$ Stop	<u>a</u>		, , , , , , , , , , , , , , , , , , ,			
Shopping Personal needs	Employment	o Kefi	ied	,		VV.		
Shopping Personal needs Banking	Social needs							



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☒
6.	Following are comments I wish to make concerning the proposed changes to the Hoxle Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: George P. Walter
Add	ress: <u>Box</u> 2.46
Tele	phone number: 886: 3553 Date: 10.25.10

UNITEL	STATES
POSTAL	SERVICE

DOCKETNO.	72433
PAGE	(93-1

. Please check the	appropriate box to i	ndicate whether	you use the Hoxi	e Post Office for each	of the following:	
Postal Services		Daily	Weekly	Monthly	Never ^	
a. Buying stamps	3		Ø			
b. Mailing letters						
c. Mailing parcels	3					
d. Picking up Pos	st Office box mail	Ø				
e. Buying money	y orders				図	
Certified mail,	ial services, includir Registered mail, Ins rmation, or Signatur	sured mail,				
g. Sending Expre	ess Mail				Ø	
Other postal ser		Yes 🗌	No 🏻			
b. Resetting/usir	ng postage meter	Yes 🗌	No 🏻			
Do you pass anot personal needs?		itation during bus		traveling to or from wo	ork, or shopping, o	
If yes, which office	95:					
					HHIRAMIN	
For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain the services?						
Shopping	pping \\ \sqrt{fours from 0}					
Personal needs	Z					
Banking	& Wal	nut Ridge	e - Logi			
Employment	🗆 <u>Reti</u>	red			· · · · · · · · · · · · · · · · · · ·	
Social needs						

Ē	⇒ UNITED STATES	DOCKETNO.	_72433
	POSTAL SERVICE	PAGE	193-
4.	Do you currently use local businesses in the community?		
	Yes 🗓	No 🗆	
5.	If you now receive carrier delivery or post office box service change to your delivery service. What would be your opinion station, which will provide the same mailing services and be	n about receiving service from	n a classified
	Just as Good No Opinion D Unfavorable		

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: Alice P Walter (please print your name)

Address: $Bo \times 246$ Telephone number: 870.886.3253 Date: 10.24.10

DOCKETNO.	7.
PTEM NO.	444
PAGÉ	



1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:					
	Postal Services	Daily	Weekly	Monthly	Never	
	a. Buying stamps		ď			
	b. Mailing letters		Ø			
	c. Mailing parcels			43		
	d. Picking up Post Office box mail					
	e. Buying money orders	Amount		ď?	Table 1	
	Obtaining special services, includi Certified mail, Registered mail, In Delivery Confirmation, or Signatus Confirmation Sending Express Mail	sured mail,		⊌?		
	Other postal services:			make opposite the control of the con		
	a. Entering permit mailings	Yes 🗌	No E	Marketine and the second section of the secti		
	b. Resetting/using postage meter	Yes 🗌	No 🖯			
2.	Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes No No					
	If yes, which offices:					
3.	Personal needs Banking Employment		ity? (Check all that a	-	u go to obtain these	
	Social needs					



4.	Do you currently use local businesses in the community?
	Yes 🗹 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
39	1. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. I am of years all amy a life form hours of Hours William a life form hours of Hours William and hours of Hours William and hours of Hours William and hours of the form of the fo
Tha Nan	additional comments, please add on a separate piece of paper and attach it to this form. ask you for taking the time to complete this questionnaire. as: 1
Add	ess: $\frac{569 \text{ NE 2} \text{ P. O. By } 325}{\text{Date: } \text{OCT, } 25, 2010}$
Tele	phone number: Date: $\frac{GCI}{JS}$, $\frac{JCIO}{JCIO}$



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EM NO.	<i>2</i> 2,
AGE	193

1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:					each of the following:
	Postal Services		Daily	Weekly	Monthly	Never
	a. Buying stamps			and the state of t		
	b. Mailing letters		♂			
	c. Mailing parcels				ones.	
	d. Picking up Post C	office box mail	Ø			
	e. Buying money or	ders			□	
	Certified mail, Re	f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature				
	Confirmation					
	g. Sending Express	Mail				
	Other postal service	89 :				
	a. Entering permit n	nallings	Yes	No 🗹		
	b. Resetting/using p	ostage meter	Yes 🗌	No ⊠		
2.	Do you pass another Post Office or Station during business hours while traveling to or from work, or shoppi personal needs? Yes No					n work, or shapping, or for
	If yes, which offices:	Walnut Ridge	?			
3.	For which of the follo services?	wing do you leave	your communit	ly? (Check all th	nat apply.) Where di	o you go to obtain these
	Shopping	1 Pardwal	x.s . Junesb	uro, Parasan	<u>I</u>	
	Personal needs	d	***************************************			
	Banking		······································		***************************************	
	Employment		***************************************	,		
	Social needs					



4.	Do you currently use local businesses in the community?
	Yes 🗹 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion 🗹 Unfavorable 🗌
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Parbara Simmons (Form Service Inc. dibe NEAR Seeds) (please print your name)
	ress: PO Box 10 Hoxive AR 72433
Tele	phone number: 870-886-3530 Date: (0-18-10

UNITED	STATES
POSTAL	SERVICE

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1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following				f the following:		
	Postal Services		Daily	Weekly	Monthly /	Never
	a. Buying stamps				Ø	
	b. Mailing letters					
	c. Mailing parcels					
	d. Picking up Post Offic	e box mail				G.
	e. Buying money order	s				
	 f. Obtaining special sen Certified mail, Regist Delivery Confirmation Confirmation g. Sending Express Ma 	ered mail, Ins n, or Signature	ured mail,			
	Other postal services:				·	
	a. Entering permit mailb. Resetting/using post		Yes ∐ Yes □	No Z		
2.	Do you pass another Popersonal needs? If yes, which offices:	Yes JHJ	tation during bus	iness hours white the No.	Jares b	k, or shopping, or fo
3.	For which of the followin	g do you leav	e your communit	y? (Check all that a	pply.) Where do you	go to obtain these
	services? Shopping	Jor	resporc	<u> </u>		
	Personal needs	J	460000	***************************************		······································
	Banking		- and a			,
	Employment	1 — 700	CANDA O			
	Social needs]				



4.	Do you currently use local businesses in the community?
	Yes 🗹 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	•
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Georgette Jones (pleaselprint vour name)
Add	ress: 15 Cooper St. Hoxie
Tele	phone number: Date:/O - [8 - [0]

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Please check the a	ppropriate box to ii	idicate whether	you use the Hox	ie Post Office for each	of the following
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps				≥.	
b. Mailing letters			A		
c. Mailing parcels					Æ
d. Picking up Post	Office box mail			P	X
e. Buying money o	orders			, K (
Delivery Confirm	l services, includin egistered mail, Insl ation, or Signature	ured mail,			
Confirmation					Ž.
g. Sending Expres	s Mail				Δ _X
Other postal servi	ces:				
a. Entering permit	mailings	Yes 🗌	No 🗓		
b. Resetting/using	postage meter	Yes 🗌	No 🖄		
Do you pass anothe personal needs?	er Post Office or St Yes			e traveling to or from wo	ork, or shoppi
If yes, which offices	•	·····			
For which of the foll services?	owing do you leave	∍ your communi	ty? (Check all th	at apply.) Where do yo	u go to obtai
Shopping					
Personal needs	M Dou	tor			
Banking					yy
Employment		, Andrews	hid washiib washiib		VV 2000 11.
Social needs	П				



4.	Do you currently use local businesses in the community?
	Yes 😿 No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☒ Unfavorable ☐
6.	Following are comments t wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. ok you for taking the time to complete this questionnaire.
Nan	e: <u>Toe Huskey</u> (please print your name)
Add	ess: 5/3 S.E. 3rd St.
Tele	phone number \$70-886-5449ate: 10-18-10

DOOR	
DOCKETNO.	***************************************
ITEM NO.	
PAGE	

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Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<i>□</i>		П	× 2
b. Mailing letters		<u>~</u>	·	X)
c. Mailing parcels				X D
d. Picking up Post Office box	mail 🔲			10
e. Buying money orders				Ø
 f. Obtaining special services, i Certified mail, Registered in Delivery Confirmation, or Si Confirmation 	nail, Insured mail,	П	П	23
g. Sending Express Mail				À
Other postal services:				
a. Entering permit mailings	Yes 🗌	No Ž		
b. Resetting/using postage m	eter Yes 🗌	No A		
Do you pass another Post Officersonal needs?	ce or Station during bus	iness hours while tra		ork, or shopping
If yes, which offices:	Inut Ridge	•		
. For which of the following do y services?	ou leave your communit	ty? (Check all that a	apply.) Where do yo	u go to obtain ti
Shopping 💍 🗘	Jalnut Rid	<u>qe</u>		
Personal needs 🔎 🗘	Jalnut R	idge		
Banking 🚨 🗎	Jalnut Ri	dge	WWW.holdshiftdash	- Annual Control of the Control of t
Employment		<u> </u>		
Social needs				



4.	Do you currently use local businesses in the community?
	Yes ♥ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
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	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	, ·
	- ,
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ne: Michelle Webb (please print your name)
Add	ress: 209 S.E. Gibson Hoxie AR
Tele	phone number: 876-679-0522 Date: 10-20-10

DOCKETNO.
ITEM NO.

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	<i>2</i> 2



a. Buying stamps	a. Buying stamps	Please check the a	appropriate box to i	ndicate whether	you use the Hoxie F	ost Office for each	of the followi
b. Mailing letters	b. Mailing letters	Postal Services		Daily	Weekly	Monthly	Never
c. Mailing parcels	c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certifled mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shoppersonal needs? Yes No No	a. Buying stamps				Ø	
d. Picking up Post Office box mail	d. Picking up Post Office box mail	b. Mailing letters				\mathbf{Z}	
e. Buying money orders	e. Buying money orders	c. Mailing parcels					
f. Obtaining special services, including Certifled mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No	f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shoppersonal needs? Yes No No	d. Picking up Post	Office box mail				Z
Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	Certifled mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	e. Buying money	orders				Z
g. Sending Express Mail Other postal services: a. Entering permit mailings Yes No	g. Sending Express Mail	Certified mail, F Delivery Confirm	Registered mail, Ins	ured mail,	П	П	Ø
Other postal services: a. Entering permit mailings Yes No No	Other postal services: a. Entering permit mailings Yes No Z b. Resetting/using postage meter Yes No Z Do you pass another Post Office or Station during business hours while traveling to or from work, or shoppersonal needs? Yes Z No No C		s Mail			_	
personal needs? Yes No No	Tyes, which offices: LOBRING FRIAGE	a. Entering permit b. Resetting/using Do you pass anoth personal needs?	t mailings g postage meter er Post Office or St Yes	Yes □ tation during bus	No Z Iness hours while tra		
For which of the following do you leave your community? (Check all that apply.) Where do you go to observices?		Sho p ping	0 Jon	res boro	- Pucation	stas - walc	nut Rid
services?	Shopping D Jones 6010 - POCA Kentas - Walnut Rid	Personal needs	D Jon	esboro-	- Pocahon	HAS-WALL	of Aida
services? Shopping \(\sigma \) Jones 6000 - Pocahantas - walnut Richards		Banking			SAAbaa		
Shopping D Jones boro - Pocahantas - walnut Rice Personal needs D Jones boro - Pocahantas - walnut Aid	Personal needs & Jones boro - Poc Ahantas - walnut Aida	Employment	anna anna anna anna anna anna anna ann				······
Shopping D Jones boro - Pocahantas - walnut Richersonal needs D Jones B Jones D Jones	Personal needs Zonesboro - Pocahontas - walnot Aida Banking	Social needs	& Jone	Sboro-	WHOOL &	Udge-Po	CAHON



4.	Do you currently use local businesses in the community?
	Yes Z No \square
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	g
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: 1112 SW MAPLE ST HOXIE AR
Add	ress: 1112 SW MAPLE ST HOXIE AR
Tele	phone number: 870-8816-10547 Date: 10-19-10

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. Please check the appropriate box	to indicate whether	you use the Hoxie F	ost Office for each	of the following:
Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps			×	
b. Mailing letters	X			
c. Mailing parcels			A	
d. Picking up Post Office box ma	il 🔀			
e. Buying money orders				A
f. Obtaining special services, incl Certified mail, Registered mail Delivery Confirmation, or Signal Confirmation g. Sending Express Mail	, Insured mail,		X	
Other postal services:			•	:
a. Entering permit mailings	Yes 🗌	No 💢		
b. Resetting/using postage mete	r Yes	No 🗆		
. Do you pass another Post Office of personal needs?	or Station during bus	iness hours while tra	aveling to or from wo	ork, or shopping, o
If yes, which offices:			A PARAMETER STATE OF THE STATE	
		MANAGEMENTAL STREET		
	pp	урруу		***************************************
For which of the following do you services?	leave your communi	ty? (Check all that a	pply.) Where do yo	u go to obtain thes
Shopping /	[meslips	0	-	BAAAAAAA
Personal needs	appressor	Q.,		00000000000000000000000000000000000000
Banking \sum	Kalnut 1	redef		···
Employment \$\frac{1}{2} \cdots	HOW	<i>U</i>		
Social needs	1/4			



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	(notal 11 ada)
	ress: 4(h), 1(l), Texas & Hoxie
	820 08/4 2000 IN 18 11
rele	phone number: 070 88 0 200 Date: 107 1 20

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Social needs

Postal Servic	es	Daily	Weekly	Monthly	Never
a. Buying star	nps				
b. Mailing lette	ers		Ø		
c. Mailing pare	cels				SOME TIME
d. Picking up	Post Office box mail				a
e. Buying mo	ney orders) 	y and the second		E SOME. T. ME
Certified ma	pecial services, includir ail, Registered mail, Ins infirmation, or Signatur	sured mail,			
Confirmatio				Į	
g. Sending Ex	press Mail				
Other postal s	services:				
a. Entering pe	ermit mailings	Yes	No 🄼	,	
b. Resetting/u	ısing postage meter	Yes 🗌	No 🗆		r
personal need	Ye	5	No		· · ·
If yes, which of	ffices: Ho	XIC			
			HADDEN TO SEE THE SECOND TO SECOND T		
 For which of th services? 	e following do you leav	ve your communit	y? (Check all that a	pply.) Where do yo	u go to obtain these
Shopping			***************************************		
Personal need	s 🗓 <u>/</u> /	1412	annones.		
Banking	1 418				
Employment					



4.	Do you currently use local businesses in the community?
	Yes → No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	te: VIRGINIA SARTSAR
Add	ress: 108.50, Broad St. The phone number: The standard of th
حامT	nhone number:

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١.	Please check the appropriate box to	indicate whether y	ou use me noxie P	ost Office for each	or the rollowing;	
	Postal Services	Daily	Weekly	Monthly	Never	
	a. Buying stamps			\square		
	b. Mailing letters		□ □			
	c. Mailing parcels					
	d. Picking up Post Office box mail					
	e. Buying money orders					
	Obtaining special services, including Certified mail, Registered mail, Institute Delivery Confirmation, or Signatur Confirmation Sending Express Mail	sured mail,			ag/	
	3. ••••••• Men	borned	Committee of the Commit	Trummall		
	Other postal services:		$\int_{\mathcal{A}}$			
	a. Entering permit mailings	Yes 🗌	No []			
	b. Resetting/using postage meter	Yes 🔲	No 🔯			
2.	Do you pass another Post Office or Spersonal needs? Yes If yes, which offices:	Station during busings	ness hours while tra No			for
3.	For which of the following do you lear services? Shopping Personal needs Banking Employment Social needs	ve your community hes Java	·	pply.) Where do you		a.

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4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. ink you for taking the time to complete this questionnaire.
Var	ne: NOKA PATRICE Graddy
\dd	ress: 60 NW Edgar #24 Mohie, AR 72433
Tele	ephone number: 810-679-990 / Date: 1019 (1)

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 b. Mailing letters c. Mailing parcels d. Picking up Post Office box ma e. Buying money orders f. Obtaining special services, inc Certified mail, Registered mail Delivery Confirmation, or Sign Confirmation 	luding I, Insured mail, ature	Weekly A A D	Monthly	Neve
Delivery Confirmation, or Sign	iil luding I, Insured mail, ature		_ ₽{ □	
 c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, inconcertified mail, Registered mail Delivery Confirmation, or Sign Confirmation 	luding I, Insured mail, ature		_ ₽{ □	
 d. Picking up Post Office box ma e. Buying money orders f. Obtaining special services, inc Certified mail, Registered mai Delivery Confirmation, or Sign Confirmation 	luding I, Insured mail, ature		<u> </u>	X
e. Buying money orders f. Obtaining special services, inc Certified mail, Registered mai Delivery Confirmation, or Sign Confirmation	luding I, Insured mail, ature		<u> </u>	•
f. Obtaining special services, inc Certified mail, Registered mai Delivery Confirmation, or Sign Confirmation	luding I, Insured mail, ature			X
Certified mail, Registered mai Delivery Confirmation, or Sign Confirmation	I, Insured mail, ature	П		
			□ \$ Q	
Other postal services:				
a. Entering permit mailings	Yes 🗌	No ₱		
b. Resetting/using postage mete	er Yes 🗌	No 🏻		
Do you pass another Post Office personal needs? If yes, which offices:	Yes 🗌	No	Ø	



4.	Do you currently use local businesses in the community?
	Yes ፟፟ X No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☒ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	•
	It. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	·
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Lestie V. OLDHAM (please print your name)
Add	ress: 312 S.W. GIBSON, HOXIC, AR 72/33
Tele	phone number: 870 - 886-5347 Date: 10-19-10

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1.	 Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the fol 				of the following:
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps			Ø	
	b. Mailing letters		×		
	c. Mailing parcels			X	
	d. Picking up Post Office box mail			X	
	e. Buying money orders				X
	f. Obtaining special services, including Certified mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation	ured mail,		X	
	g. Sending Express Mail		ĻĹ	\nearrow	
	Other postal services:				
	a. Entering permit mailings	Yes 🗌	No X		
	b. Resetting/using postage meter	Yes 🗌	No X		
2.	Do you pass another Post Office or St. personal needs? Yes If yes, which offices:	/	No /	-	
3.	For which of the following do you leave services? Shopping		y? (Check all that a	pply.) Where do you	u go to obtain these
	Personal needs				
	Banking				
	Employment				
	Social needs		_		



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	· ·
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne; PALBALA WHITE (please print your name)
Add	ress: Bux 300 Hoxic
Tele	phone number: 8708863145 Date: 10/19/16

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	Prease check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:					
Postal Services		Daily	Weekly	Monthly	Never	
a. Buying stamps						
b. Mailing letters						
c. Mailing parcels					d	
d. Picking up Post	Office box mail					
e. Buying money o	rders					
Certified mail, Re	f. Obtaining special services, including Certified mail, Registered mail, Insur Delivery Confirmation, or Signature				_	
Confirmation	and a second second				o o	
g. Sending Express	Mail					
Other postal service	ces:		,			
a. Entering permit	mailings	Yes 🗌	No 🖯			
b. Resetting/using	postage meter	Yes 🗌	No 19			
Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or personal needs? Yes ☑ No □						
If yes, which offices:	11 all in	+ Bide	be and	Jonesh	5 20	
					*	
			***************************************	A A A A A A A A A A A A A A A A A A A	- mobile de la companya del companya de la companya del companya de la companya d	
For which of the follo			y? (Check all that a	oply.) Where do you	u go to obtain ti	
	JON	eshoed	>	oply.) Where do you	u go to obtain ti	
services?	JON		>	oply.) Where do you	u go to obtain ti	
services? Shopping	Jone	eshoed	>	oply.) Where do you	u go to obtain ti	
services? Shopping Personal needs	Jone Jone	eshoed		oply.) Where do you	u go to obtain th	



(please print your name)

Address: 50 RAZOR BACK DR HOYIE AR 72433
Telephone number: 870 809 1555 Date: 10-18-10

4.	Do you currently use local businesses in the community?
	Yes 🗹 No 🗍
5,	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	I live in Walnut Ridge, but my mail is through
	11- a land Alana
	Here and it is very confusing to ones made of to me. If something is sent to walnut Ridge it is returned and sometimes things get to me very late. I wish this would change to walnut Ridge mailing address and taking care i
	Ridge it is returned and sometimes have to
	Tentant Ride mailing address and taking care
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. ink you for taking the time to complete this questionnaire.
Ål -an	Scott Downum

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Please check the a	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:					
Postal Services		Daily	Weekly	Monthly	Never	
a. Buying stamps						
b. Mailing letters						
c. Mailing parcels						
d. Picking up Post	Office box mail				STATE OF THE PARTY	
e. Buying money	orders		Name of the last o			
	egistered mail, Ins nation, or Signature	ured mail,				
Other postal servi	ces:					
a. Entering permit	mailings	Yes 🗌	No 5			
b. Resetting/using	postage meter	Yes 🔲	No E			
personal needs?	Yes		iness hours while tra	-		
For which of the fol	lowing do you leav		ty? (Check all that a			
services?						
Shopping Study Club						
Personal needs		0		льнаальнаянняннянняння черерере		
Banking	Π			ээнин на		
Employment		*****			<u></u>	
Social needs	□					



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking-the time to complete this questionnaire.
Nan	
Add	ress: 5/1 SW JARONG, Hotel AR
Tele	phone number: Date: 10 118 110

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1. Please check the ap	propriate box to i	ndicate whether	you use the moxie i	ost Omice for each	of the following:
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps				IX *	
b. Mailing letters			X		
c. Mailing parcels			Luce		I
d. Picking up Post C	Office box mail		[]		
e. Buying money or	ders				
Obtaining special Certified mail, Re Delivery Confirmation Confirmation Sending Express	gistered mail, Ins ition, or Signature	ured mail,			B₹′
Other postal servic	es:				
a. Entering permit r	nailings	Yes 🔲	No 🗷		
b. Resetting/using	oostage meter	Yes 🔲	No 🗵		
Do you pass another personal needs?	Yes		No		,, -
If yes, which offices:	WAIN	it filips	Post office		Минисини
	A CONTRACTOR OF THE CONTRACTOR		· LAAAAHIIIII VYYYY		***************************************
3. For which of the follo services?	wing do you leav	e your communit	y? (Check all that a	apply.) Where do yo	u go to obtain these
Shopping	図 <i></i>	JUST 50N	es puid, pord	hartas	·····
Personal needs		<u> </u>			
Banking	X	is was	mot Pilye		
Employment	¥	alout Ril	4.		****
Social needs			1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,



4.	Do you currently use local businesses in the community?
	Yes □ No 🖸
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	·
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	Just Leave things the way they are,
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ress: 20) 5 w C.bson Hoxie, AR 12433
Add	ress: 201 5 w G.bson Hoxie, AR 12433
Tala	nhone number: Date: 10 - 15 - 15

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1,	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:								
	Postal Services		Daily	٧	Veekly	Monthly	Never		
	a. Buying stamps						×		
	b. Mailing letters						X		
	c. Mailing parcels						A		
	d. Picking up Post Offic	e box mail					×		
	e. Buying money order	's					×		
	Obtaining special ser Certified mail, Regist Delivery Confirmation Confirmation Sending Express Ma	tered mail, Insi n, or Signature	ured mail,				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	Other postal services:								
	a. Entering permit mail	ings	Yes	No	⊠				
	b. Resetting/using pos	lage meter	Yes 🗌	No	X				
2.	Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, personal needs? Yes □ No ☒								
If yes, which offices:		- WHITE CONTRACTOR OF THE CONT		y to the second					

3.	For which of the followin services?	g do you leave	e your communi	ty? (Che	ck all that a	apply.) Where do you	ugo to obtain these		
	Shopping	1	****				4444		
	Personal needs				AAAAA				
	Banking	J		***************************************	······				
	Employment []	**************************************		Abhilda Aililli				
	Social needs	7							



4.	Do you currently use local businesses in the community?
	Yes ⊠ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Cindy Blackbum
Add	ress: 307 N.W. Texas Hoxie, AR.
Tele	phone number: 870 809 -4141 Date: 10-16-10

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Social needs

Postal Customer Questionnaire

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps		$\mathbf{B}^{'}$		
o. Mailing letters				
. Mailing parcels				
d. Picking up Post Office box mail				
e. Buying money orders				Q.
 Obtaining special services, include Certified mail, Registered mail, In Delivery Confirmation, or Signate 	nsured mail,	_	_/	
Confirmation			Lī	
g. Sending Express Mail	-			
Other postal services:				
a. Entering permit mailings	Yes 🗌	No 🗆		
b. Resetting/using postage meter	Yes 🗌	No 🗆		
Do you pass another Post Office or personal needs?	Station during bus	siness hours while tra	and the same of th	ork, or shopping
If yes, which offices:		100000000000000000000000000000000000000		<u> </u>
		**************************************	***************************************	***************************************
For which of the following do you leaservices?	ave your communi	ity? (Check all that a	apply.) Where do yo	u go to obtain
Shopping	***************************************		····	· •
Personal needs	***************************************	MINIMA AND AND AND AND AND AND AND AND AND AN	**************************************	
Banking	MMAAAMM	*****		
/				



4.	Do you currently use local busines	sses in the cor	nmunity?		
		Yes 🗂	No		
5.	If you now receive carrier delive change to your delivery service station, which will provide the s	. What wou	ld be your opinion abou	he Hoxie Post Office, there will but receiving service from a classified at the same location?	oe no ified
	Just as Good ☐ No Opin	nion 🖽	Unfavorable		
6.	Following are comments I wish to	make concern	ing the proposed changes	s to the Hoxie Post Office.	
	Effect on Your Postal Service proposal would have on the re				
	II. Other Comments Please pro Service should consider in dec			t you believe the Postal	
	additional comments, please add or ink you for taking the time to comple			it to this form.	
Nan	ne:(please print your name)				
	(please print your name) Iress:				
	ephone number:		Date:		

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Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps					
b. Mailing letters			Ø		
c. Mailing parcels					4
d. Picking up Post	t Office box mail				
e. Buying money	orders				
	al services, includin Registered mail, Ins mation, or Signature	ured mail,	П		BT.
g. Sending Expres	ss Mail				
Other postal serv	ices:				
a. Entering permi	t mailings	Yes 🔲	No 🗇		
b. Resetting/using			No 🗆		د د د د د د د د د د د د د د د د د د د
Do you pass anoth personal needs?	er Post Office or S	tation during bus	iness hours while tra	aveling to or from wo	
Do you pass anoth personal needs? If yes, which office:	er Post Office or S Yes	tation during busi	iness hours while tra		
Do you pass anoth personal needs? If yes, which office:	er Post Office or S Yes	tation during busi	iness hours while tra		
Do you pass anoth personal needs? If yes, which office: For which of the for services?	er Post Office or S Yes s: Illowing do you leav	tation during busi	iness hours while tra	apply.) Where do you	
Do you pass anoth personal needs? If yes, which office: For which of the folservices? Shopping	er Post Office or S Yes s: Illowing do you leav	tation during busi	y? (Check all that a	apply.) Where do you	u go to obtai
Do you pass anoth personal needs? If yes, which office: For which of the folservices? Shopping Personal needs	er Post Office or S Yes s: Illowing do you leav	tation during busi	y? (Check all that a	apply.) Where do you	u go to obtai

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4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. Ink you for taking the time to complete this questionnaire.
Nan	ne:
	(piease print your name)
Tele	ephone number: Date:

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Social needs

1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:					
	Postal Services	Daily	Weekly	Monthly	Never	
	a. Buying stamps			A		
	b. Mailing letters			D		
	c. Mailing parcels					
	d. Picking up Post Office box mail					
	e. Buying money orders					
	 f. Obtaining special services, including Certified mail, Registered mail, Inst Delivery Confirmation, or Signature Confirmation 	i re d mail,				
	g. Sending Express Mail				A	
	Other postal services:					
	a. Entering permit mailings	Yes 🗌	No Y			
	b. Resetting/using postage meter	Yes 🗌	No V			
2.	Do you pass another Post Office or Stapersonal needs? Yes If yes, which offices:		No *	D		
3.	For which of the following do you leave services? Shopping Personal needs Banking				u go to obtain these	
	Employment		***************************************	- 444444444		



4.	Do you currently use local businesses in the community?
	Yes 🗆 No 🔽
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services. Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	It. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne:
	(blease blint your name)
	phone number: Date:

Your answers are not my answer for your answers	are not	suffecient
enough for me to answer your questions and three	is none	of your busines
UNITED STATES	DOCKETNO.	72433
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4	Diago chock the appropriate boy to indicate whether	you use the Hoxie Post Office for each of the following:
١.	Flease check the appropriate box to indicate whether	you use the nuxle rost Office for each of the following.

	Postal Services	[Daily	w	/eekly	Monthly		ver Q_i	ARter Li
	a. Buying stamps]	months
	b. Mailing letters							Every 2	months
	c. Maíling parcels						32	=	
	d. Picking up Post Office box n	nail]	
	e. Buying money orders							once :	2 years
	f. Obtaining special services, in Certified mail, Registered m	ail, Insured ma	ail,						
	Delivery Confirmation, or Sig Confirmation	griature					14:	I	
	g. Sending Express Mail							ì	
	Other postal services:								
	a. Entering permit mailings	Yes		No					
	b. Resetting/using postage me	eter Yes		No					
2.	Do you pass another Post Offic personal needs?	e or Station du Yes □	uring bus	siness hou	urs while tra	_	om work, or sho	pping, or for	
	If yes, which offices:	_							
3.	For which of the following do yo services?	ou leave your o	communi	ty? (Ched	ck all that a	apply.) Where	do you go to ob	tain these	
	Shopping	mor	22	<i>,</i> ,					
	Personal needs		01						
	Banking			your	<u> </u>				
	Employment			Bui	sne	02,			
	Social needs								



	UNITED STATES			<u> </u>	
	POSTAL SERVICE	4	1	DOCKETNO	72433
	no	re of your	buisness	TEMNO.	23
4.	Do you currently use local b	ousinesses in the com	nmunity?	PAGE	714-2
		Yes 🗀	•		
		163	140		
5.	If you now receive carrier change to your delivery s station, which will provide	ervice. What would the same mailing	d be your opinion about services and be located •	ut receiving service from	
		Opinion 🌆	Unfavorable ☐ - <i>G</i>	- classified sta	tion? never head of
6.	Following are comments I w	ish to make concerni	ing the proposed change	s to the Hoxie Post Office.	
	proposal would have or	n the regularity or effe	ectiveness of your postal	able effects you believe the services.	
would se	are money. Why	o not beli ? Both of the	eve you are	accomplishing Il be open a	anything that string you money
The cou	ouers will prob	ably opera	te out of Wa	hut Ridge, d	! think and I Valunt Ridge
believe y	you need to co.	reolidate b	oth of them i	with contyl a h	Painer ruge
Zip					
	II. Other Comments Plea Service should consider			nt you believe the Postal	
	additional comments, please ank you for taking the time to c			it to this form.	
Nar	me: Mile i	ς			
	dress:				
Tele	ephone number:		Date: 10-16-20	10	



a. Buying stamps b. Mailing letters			Ø		V
b. Mailing letters			\$2 1		
•		Ø			
c. Mailing parcels					
d. Picking up Post (Office box mail	Ø.			1
e. Buying money o	rders		Manag		42
	services, includin egistered mail, Ins ation, or Signature	ured mail,	П	Ø	П
	a de Alan D				homest
g. Sending Express	; wan				
Other postal service	es:				
a. Entering permit	mailings	Yes 🗌	No 🗹		
b. Resetting/using	postage meter	Yes 🗌	No 💋		
Do you pass another Post Office or State personal needs? Yes If yes, which offices:			No	Ø	
For which of the folks	owing do you leav	e your communit		apply.) Where do you	
Shopping	<u> </u>				
Personal needs			^ <u></u>		
∃anking					A A A A A A A A A A A A A A A A A A A



4.	Do you currently use local businesses in the community?
	Yes 🔊 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	They should be open at the Wirdow for stonys at little at noon tine
	for stongs and when an moon went
Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: $MARY STONE COXIMPLCOIA C$ (pleasé print your name) ress: $POBOXGC HOXIE AR72433$ sphone number: $870-886-2291$ Date: $10-18-10$
Add	ress: poBOXG6 HOXIE, AR72433
Tele	phone number: \$76-886-229/ Date: 10-18-10



Please check th	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
Postal Services	Postal Services a. Buying stamps b. Malling letters		Daily Weekly		Monthly	Never		
a. Buying stam				O				
b. Malling letter								
c. Mailing parce	els				₹			
d. Picking up Po	ost Office box mail	&						
e. Buying mon	ey orders					6 0		
Certified mail	ecial services, includir I, Registered mail, Ins firmation, or Signature	ured mail,						
g. Sending Exp	ress Mail							
Other postal se				power				
a. Entering per	mit mailings	Yes 🗌	No	©				
b. Resetting/us	ing postage meter	Yes 🗌	No					
	Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes No							
If ves. which offi					_			
	If yes, which offices:							
vennumbhild à Hillimoyepp					МАААННИНГУУР			
3. For which of the services?	For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?							
Shopping			** ***********************************		***************************************			
Personal needs								
Banking		saanna an a	Manual 11111 - 1111	v viiii	A CONTRACTOR OF THE PARTY OF TH	······································		
Employment								
Social needs	Social needs William Dille							



4.	Do you currently use local businesses in the community?
	Yes No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion W Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	1. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. It is at the way it is -but to large the window at moon if your to go in to the window to get a to the window to get story are made
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: MARY STONE COX FMPL CO FN C
Add:	ress: POBOX 96 HOXIE AR 72433
Tele	ne: MRX STONE COX FMPL CO FN Coplease print your name) ress: $POBOX$ $9b$ $HOXIE$ $PR72433$ sphone number: POX Date: $PO-18-10$

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PAGE





Postal Services		Daily	Weekly	Monthly	Never			
a. Buying stamp	s							
b. Mailing letters		X						
c. Mailing parcel	\$				X			
d. Picking up Po	st Office box mail				A			
e. Buying mone	y orders		E		A			
Certified mail, Delivery Confi	cial services, including Registered mail, Insu rmation, or Signature		hd	KS				
Confirmation g. Sending Expre	ess Mail				□ -BY			
Other postal ser	vices:							
a. Entering pern	nit mailings	Yes 🗌	No X					
b. Resetting/usi	ng postage meter	Yes 🗌	No 🗵					
2. Do you pass and personal needs?	ther Post Office or Sta Yes	_	ess hours while tra		ork, or shopping, or for			
If yes, which offic	If yes, which offices:							
B. For which of the f services?	For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?							
Shopping	PSone	t Hotie	but The	rest at 1	Pocahertes, AR.			
Personal needs	K 1/				ce of fine			
Banking	F	<u> </u>		AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA				
Employment	U N.A.	(tetite.	<u> </u>	004				
Social needs	\Box fh	my hope ?	1134 OF 6	wire.				

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4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	who will be our 3ip is this happens?
	White will be our sop of this regions.
	It is an inconvenience to have to make place whom you
	correspond by which with aware of address changes if it
	Comes to that in The zip code.
	It will be parther to drive to get stamps I was the but
	There may be a facility to their where starps will be sold thew.
	the the with weller so tillanto drive to wir alt The
	II. Other Comments Please provide any other views or information that you believe the Postal Grand to doing. Service should consider in deciding whether to adopt the proposal.
	het us have a place to purchase
	6+ amps in Hexice at 18mit.
	I will song it the people who want it the p.o. in both Hoxie and Walnut Ridge are very mice and pleasant
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nar	ne: Mort L. Bryget (please print your name)
Add	iress: 611 Sill. Lawrence St
	enhone number 870 886-5244 Date: 10-19-10

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ITEM NO.
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Postal Services		Daily	Weekly	Monthly	Neve
a. Buying stamps				\boxtimes	
b. Mailing letters	b. Mailing lettersc. Mailing parcels		X		
c. Mailing parcels			□ ,	\boxtimes	
d. Picking up Posi	t Office box mail		X		
e. Buying money	orders				
	al services, includir Registered mail, Ins mation, or Signatur	ured mail,		5	
g. Sending Expres	ss Mail				
Other postal serva. Entering permib. Resetting/usingDo you pass anoth personal needs?	t mailings g postage meter eer Post Office or S	Yes ☐ Yes ☐ tation during bus	No ☐ No ☐ siness hours while tra	-	erk, or shop
If ves. which office	s:				
			ty? (Check all that a		
Shopping				-	
Personal needs		,	N Jones		
Banking	_			•	
Employment					



4.	Do you currently use local businesses in the community?
	Yes 🔀 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	•
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: LAVINA PACE (please print your name)
	ress: 609 S.E. 2Nd. St.
Tele	phone number: 870 -886 6 914 Date: 10-17-10

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1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following					of the following:			
	Postal Services		Daily	V	Veekly	Monthly	Never	
	a. Buying stamps							
	b. Mailing letters							
	c. Mailing parcels					D		
	d. Picking up Post C	Office box mail	abla					
	e. Buying money or	rders	· ·				ď	
	f. Obtaining special Certified mail, Re Delivery Confirma Confirmation g. Sending Express	gistered mail, Ins ation, or Signature	ured mail,		<u> </u>			
	Other postal services:							
	a. Entering permit r	nailings	Yes ∐	No M				
	b. Resetting/using p	oostage meter	Yes 🗌	No				
2.	Do you pass another personal needs?	Post Office or St	_	iness ho	urs while tra		ork, or shopping, or for	
	If yes, which offices:							
3.	For which of the folio services?	wing do you leav	e your communit	ly? (Che	ck all that a	apply.) Where do yo	u go to obtain these	
	Shopping							
	Personal needs		·			AAA	Andrews	
	Banking							
	Employment					***************************************	***************************************	
	Social needs	- Uc	nesbox	\mathcal{O}_{-}	***************************************		· • • • • • • • • • • • • • • • • • • •	

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4.	Do you currently use local businesses in the community?
	Yes ► No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Glenda Jones (please print your name)
Add	ress: P.O. Box 103, Hovie OR 72433
Tele	ephone number: 970-986-6558 Date: 10-18-10

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 a. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Office e. Buying money orders f. Obtaining special servic Certified mail, Register Delivery Confirmation, Confirmation g. Sending Express Mail 	ces, including red mail, Insure	□ X □ □ □ ed mail,	x		
 c. Mailing parcels d. Picking up Post Office e. Buying money orders f. Obtaining special service Certified mail, Register Delivery Confirmation, Confirmation 	ces, including red mail, Insure			□ Ø □	_ □ 30
 d. Picking up Post Office e. Buying money orders f. Obtaining special service Certified mail, Register Delivery Confirmation, Confirmation 	ces, including red mail, Insure			x 	×
Buying money orders Obtaining special service Certified mail, Register Delivery Confirmation, Confirmation	ces, including red mail, Insure	□ □ ed mail,			
f. Obtaining special service Certified mail, Register Delivery Confirmation, Confirmation	ed mail, Insure	ed mail,			\Q
Certified mail, Register Delivery Confirmation, Confirmation	ed mail, Insure	ed mail,			
g. Sending Express Mail				Þ	
				×	
Other postal services:					
a. Entering permit mailin	gs	Yes 🗌	No 💢		
b. Resetting/using posta	ge meter	Yes 🗌	No 💢		
Do you pass another Post personal needs? If yes, which offices:	Yes []	No) X	



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Andresen Auto Salas (please print your name)
Add	ress: 204 SIW TIKES
Tele	phone number: <u>301-412-390</u> 4 Date: <u>10-16-10</u>

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Postal Services		Daily	W	/eekly	Monthly	Never
a. Buying stamps					P	
b. Mailing letters				Image: Control of the		
c. Mailing parcels						Ø
d. Picking up Post	Office box mail			П		
e. Buying money	orders					
	al services, includir Registered mail, Ins nation, or Signature	ured mail,			/	
Confirmation					□ ′	
g. Sending Expres	ss Mail					Id
Other postal serv	ices:					
a. Entering permi	t mailings	Yes 🗌	No	d		
b. Resetting/using	g postage meter	Yes 🗌	No	凶		
Do you pass another Post Office or Star personal needs?				No		
If yes, which office	S:					
For which of the fo services?	llowing do you leav		ty? (Che	ck all that a	pply.) Where do yo	u go to obtair
Shopping		NA				**
Personal needs		1 (теренинальн		****	
Banking		***				
Employment	***************************************	((

4.4

Social needs



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion U Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	The: $\frac{5h_{olv} = 0}{(please print your name)}$ These: $\frac{5h_{olv} = 0}{(please print your name)}$ The phone number $\frac{5h_{olv} = 0}{(please print your name)}$ The phone number $\frac{5h_{olv} = 0}{(please print your name)}$ The phone number $\frac{5h_{olv} = 0}{(please print your name)}$ The phone number $\frac{5h_{olv} = 0}{(please print your name)}$ The phone number $\frac{5h_{olv} = 0}{(please print your name)}$ The phone number $\frac{5h_{olv} = 0}{(please print your name)}$ The phone number $\frac{5h_{olv} = 0}{(please print your name)}$
ŲΨΨ	rose: 505 Aprodicas 50 - Hovis AV
nuu Tala	phone number 870-881-811 3 Pate: 10-10-10

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ITEM NO.	
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ostal Services		Daily	Weekly	Monthly	Never
. Buying stamps					\mathbf{Q}'
o. Mailing letters					abla'
c. Mailing parcels		Ò		,	\Box
d. Picking up Post	Office box mail				
e. Buying money o	orders				\square
	egistered mail, Inst ation, or Signature	ired mail,			∀
Other postal servi	ce s :		,		
a. Entering permit	mailings	Yes 🔲	No 🗓		
o. Resetting/using	postage meter	Yes 🔲	No 🔽		
	: JONES		AR on	apply.) Where do yo	
	owing do you leave	your communi	y : (Oneok all that	apply.) Where do yo	d go to obtain th
services?					
services? Shopping					
services? Shopping Personal needs Banking				TING JO	



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	·
	4
	• *
	•
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
For Tha	additional comments, please add on a separate piece of paper and attach it to this form. A you for taking the time to complete this questionnaire.
Nam	ne: MARK HANAN (please print your name)
Add	ress: 2508 SE SECOND HOXIE, AR 72437
Tele	phone number: 820-35/-2708 Date: 10-16-20/0

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Postal Services		Daily	V	/eekly	Monthly	Neve
a. Buying stamps					Ø	
b. Mailing letters				区		
c. Mailing parcels					V	
d. Picking up Pos	t Office box mail					
e. Buying money	orders					Ø
Certified mail, I	af services, including Registered mail, Inst mation, or Signature	ured mail,				
Confirmation						9
g. Sending Expre	ss Mail					C
Other postal serv	vices:					
a. Entering perm	it mailings	Yes 🗌	No	G		
b. Resetting/usin	g postage meter	Yes 🗌	No	9		
personal needs?	ner Post Office or St Yes			No		
	·\$:					
For which of the fo services?	illowing do you leave	_	ty? (Che	ck all that a	pply.) Where do yo	u go to obta
Shopping	of wal-	mart		thit was sample.	None .	thill the same of
Personal needs	13 wal	- mai	+		жил	- (many control of the control of th
Banking	□ <u>wal</u>	nut R	ide o	······································		AAHHHI V
Employment	n Rot	enterol	-			
EmbioAment		<u> </u>				



4.	Do you currently use local businesses in the community?
	Yes ♥ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion 🗹 Unfavorable 🗌
6.	Following are comments I wish to make concerning the proposed changes to the Hoxle Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	Mond
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	Mond
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Donald f. ather (please print your name)
Add	ress: 311 S.E. Hager
Tele	phone number: 878-639- 2524 Date: 10-16-15

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. Please check the	appropriate box to i	ndicate whether	you use the Hoxie F	Post Office for each	of the following:
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps				lacksquare	
b. Mailing letters				Ø	
c. Mailing parcels			Q (
d. Picking up Pos	Office box mail				\square
e. Buying money	orders				
Certified mail, F	al services, includir Registered mail, Ins nation, or Signature ss Mail	ured mail,			□ ਯ
Other postal serv	ices:		,		
a. Entering permi	t mailings	Yes 🗌	No 🗹		
b. Resetting/using	g postage meter	Yes 🗌	No 🔟		
. Do you pass anoth personal needs?	Yes	· 🗹	siness hours while tra	_	ork, or shopping, or
If yes, which office	s: Walnu	T Ridge	Vost Offi	<u>ce</u>	
For which of the fo	flowing do you leav	e your commun	ity? (Check all that a	apply.) Where do yo	u go to obtain thes
Shopping	V Jon	esboro			
Personal needs					
Banking					
Employment				70000000000000000000000000000000000000	
Social needs	***************************************				



4.	Do you currently use local businesses in the community?
	Yes ☑ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional c omments, please add on a separate piece of paper and attach it to this form. It you for taking the time to complete this questionnaire.
Nam	e: Shirley 5 Story (please print your name)
Addr	ess: 212 Haybe Hoxie Ar 72433
Telei	phone number: Date: 10 = 10 = 10

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Social needs

1.	Please check the appropriate box to it	ndicate whether	you use the Hoxie P	ost Office for each	of the following:
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps			E	
	b. Mailing letters				
	c. Mailing parcels CCABOCO	ally 🗆 👚		Province Environment	
	d. Picking up Post Office box mail	′ 🗆			41
	e. Buying money orders CECAPOL	mAlky -			
	 f. Obtaining special services, includin Certified mail, Registered mail, Ins Delivery Confirmation, or Signature Confirmation 	g ured mail,	П	П	F
	g. Sending Express Mail				
	Other postal services:				
	a. Entering permit mailings	Yes 🗌	No D		
	b. Resetting/using postage meter	Yes 🗌	No D		
2.	Do you pass another Post Office or St personal needs?	_	iness hours while tra	****	rk, or shopping, or fo
	If yes, which offices:				
3.	For which of the following do you leav services? Shopping Personal needs Banking	e your communit NESMOSO LNUL R NUL RU		pply.) Where do you	go to obtain these
	Employment				



 4. Do you currently use local businesses in the community? Yes No No No Station, which will provide the same mailing services and be located at the same location? Unfavorable Unfavorable
5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be rechange to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
Just as Good ☐ No Opinion ☑ Unfavorable ☐
6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
II. Other Comments Please provide any other views or information that you believe the Postal
Service should consider in deciding whether to adopt the proposal.
For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.
Name: SIMONNE) MIZZI
Name: 3/1001010 / 111221 (please print your name) Address: 304 AAUCS, AOVIE, AR. 13433 Telephone number: 870-809-4090 Date: 10/16/10

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
	Postal Services	Daily	Weekly	Monthly	Never			
	a. Buying stamps							
	b. Mailing letters							
	c. Mailing parcels							
	d. Picking up Post Office box ma				₩,			
	e. Buying money orders				V			
	Obtaining special services, incl Certified mail, Registered mail Delivery Confirmation, or Signa Confirmation Sending Express Mail	Insured mail,						
	Other postal services:		/					
	a. Entering permit mailings	Yes 🗌	No 🗹					
	b. Resetting/using postage mete	r Yes 🗌	No 🔽					
2.	Do you pass another Post Office of personal needs? If yes, which offices: Wh	or Station during bus Yes DAICL	iness hours while tra		ork, or shopping, or fo			
3.	Personal needs	leave your communi	·		u go to obtain these			

Tower



4	Do you currently use local businesses in the community?
	Yes V
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
	Sust as Cook [No Opinion w
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	Get vice should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Holly Cain
Add	ress: 309 SE 3 vel St HOXIV
Tele	phone number: Date: 10-17-10

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Social needs

Postal Customer Questionnaire

Postal Services		Daily	V	Veekly	Monthly	Never
a. Buying stamps					Y	
o. Mailing letters		Research to the second		£2000	D	
c. Mailing parcels						
d. Picking up Post Off	ice box mail					
Buying money orde	ers					g
f. Obtaining special se Certified mail, Regi Delivery Confirmation	stered mail, Ins	sured mail,		 1		
	₩¥				U -	
g. Sending Express M	all			L	L.J	W.
Other postal services	.:			,		
a. Entering permit ma	ilings	Yes 🗌	No	Ø,		
b. Resetting/using po	stage meter	Yes 🗌	No			
Do you pass another F personal needs? If yes, which offices:	Ye	s 🗌		No	V	
44		1 to 2	***************************************			AA.
For which of the followi services?	ng do you leav	ve your commur	ity? (Che	eck all that a	apply.) Where do yo	u go to obtain
Shopping	□	***************************************			V VAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	***************************************
Personal needs						***************************************
Banking	<u> </u>	34966444668444				videliki kiliki



4.	Do you currently use local businesses in the community?
	Yes 🕡 No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	,
	•
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	The: $\frac{10NYFSEX+0N}{(\text{please print your name})}$ These: $\frac{436SEAFfinitySt}{(N)}$
Addı	ress: 436 SE Affinity St.
Tele	phone number Date: /D -/D -/D

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n 7	N .



1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the fe				of the following:	
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps	anni.		×	
	b. Mailing letters		X		
	c. Mailing parcels				X.
	d. Picking up Post Office box mail				A
	e. Buying money orders				
	Obtaining special services, inclu Certified mail, Registered mail, Delivery Confirmation, or Signat Confirmation Sending Express Mail	Insured mail,			
	Other postal services:				
	a. Entering permit mailings	Yes 💢	No 🗆		
	b. Resetting/using postage meter	Yes □	No 🗶		
2.	Do you pass another Post Office of personal needs? If yes, which offices: Mint	es X	ness hours white tra No ゴール		ork, or shopping, or fo MUTRICLIGE
3.	Personal needs Banking Employment	nut Ridge Ge Wal eria Wal	nut Ridg. Inut Ridg	e e Hoxie	u go to obtain these
	Social needs X WO	Inut Ric	19e Ho)	xie for	tia



4.	Do you currently use local businesses in the community?
	Yes 💆 No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	no need for changes
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ress: Sandra Herriott (please print your name) The sess: 331 Law 511 HOXVE AT 72433 Thomas number: Date: 10-176-100
Add	ress: 331 Law 511 HOXIE AT 72433
Tala	nhone number: Date: 10-1-4-10

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٦.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
	Postal Services		Daily	Weekly	Monthly	Never		
	a. Buying stamps							
	b. Mailing letters							
	c. Mailing parcels							
	d. Picking up Post C	office box mail						
	e. Buying money or	ders						
	Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature							
	Confirmation							
	g. Sending Express	Mail						
	Other postal service	e s :				`		
	a. Entering permit n	nailings	Yes 🗌	No EL	marine.			
	b. Resetting/using p	oostage meter	Yes 🔲	No Z				
2.	Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, o personal needs? Yes No No							
	If yes, which offices: Postia							
		-						
3.	For which of the follo services?	wing do you lea v	e your communit	y? (Check all:	that apply.) Where do	you go to obtain these		
	Shopping		A MARKET					
	Personal needs	2						
	Banking				NIA			
	Employment				A LINE CONTRACTOR OF THE CONTR			
	Social needs	2		······································				



4.	Do you currently use local businesses in the community?
	Yes 🖾 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	service should consider in deciding whether to adopt the proposal.
	••
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: 1215 Lawrence 5-11 Hoxie AA 72433
Add	ress: 1215 Lawrence 5-11 HOXIE AR 72433
	phone number: $87x - 637 - 4263$ Date: $10 - 17 - 2010$

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. Ple	ease check the ap	the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
Po	stal Services		Daily	W	Veekly	Monthly	Never	
a.	Buying stamps					×	Ď,	
b.	Mailing letters					o`	R	
C.	Mailing parcels						X	
d.	Picking up Post C	office box mail					文 图	
e.	Buying money or	ders					$\dot{\mathbf{R}}$	
	Obtaining special Certified mail, Re Delivery Confirma Confirmation	gistered mail, Insi ition, or Signature	ured mail,					
g.	Sending Express	Mail					A	
Ot	her postal servic	es:						
a.	Entering permit r	nailings	Yes 🔲	No				
b.	Resetting/using p	oostage meter	Yes 🔲	No				
pe	Do you pass another Post Office or Station duri personal needs?				No			
lf y								
							WWW.	
						pply.) Where do you	u go to obtain these	
Sh	opping						NSTUPLES AND	
Pe	rsonal needs						**************************************	
Ва	nking		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			NAME & CONTRACTOR OF THE PARTY	
Em	ployment			······			**************************************	
So	cial needs	□		****				



4.	o you currently use local businesses in the community?
	Yes 🗆 No 💢
5.	f you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no hange to your delivery service. What would be your opinion about receiving service from a classified tation, which will provide the same mailing services and be located at the same location?
	ust as Good No Opinion Unfavorable
6.	ollowing are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	ditional comments, please add on a separate piece of paper and attach it to this form. you for taking the time to complete this questionnaire.
Nan	BOBBY & NE/EN S/AVION
Add	5/20 Hun 178 Huy: 5
Tele	none number: 1-870 886-6503 Date: 10-17-2010

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Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
Postal Services		Daily	W	/eekly	Monthly	Never	
a. Buying stamps						X	
b. Mailing letters						Œ	
c. Mailing parcels						X	
d. Picking up Post C	Office box mail					X	
e. Buying money or	rders					K	
Certified mail, Re Delivery Confirma	ured mail,		П	, —1	G3		
							
g. Sending Express	Mail					Q	
Other postal servic	es:						
a. Entering permit r	nailings	Yes 🗌	No				
b. Resetting/using p	oostage meter	Yes 🗌	No				
Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or fo personal needs? Yes No							
If yes, which offices:	Waln	x Ric	del		Sono	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
	VIIII III III AAAAAA	***************************************					
For which of the follo services?	wing do you leav	e your communi	ty? (Che	ck all th	at apply.) Where do	you go to obtain these	
Shopping	A TOP	mut 8	Lida	<u>e, </u>		and the state of t	
Personal needs	IAU D	S KNK	تهم	e	*****		
Banking			رن			· Additional Property Control of the	
Employment	3 5 0	nesbo	y O		AAAAAA		
Social needs	MUAL	nux R	ida	e	····		
	a. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Ce. Buying money or f. Obtaining special Certified mail, Re Delivery Confirmation g. Sending Express Other postal servic a. Entering permit r b. Resetting/using p Do you pass another personal needs? If yes, which offices: For which of the folloservices? Shopping Personal needs Banking Employment	a. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, includin Certified mail, Registered mail, Inst Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings b. Resetting/using postage meter Do you pass another Post Office or St personal needs? Yes If yes, which offices: For which of the following do you leave services? Shopping Personal needs Banking Employment	A. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings b. Resetting/using postage meter Yes Do you pass another Post Office or Station during bus personal needs? Yes If yes, which offices: Shopping Personal needs Banking Employment	a. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings b. Resetting/using postage meter Yes No Do you pass another Post Office or Station during business hot personal needs? Yes \[\begin{align*} Yes \[al	A. Buying stamps	Postal Services Daily Weekly Monthly a. Buying stamps Daily Weekly Monthly b. Mailing letters C. Mailing parcels D.	



	•
4.	Do you currently use local businesses in the community?
	Yes 🗷 No 🗌
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	es there welke nochange to any of the
	services then & see no problem withis.
	I reldom gothere because they closeat
	H100 and this closed when I get off
	how.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Debbie SLAHON (please print your name)
Add	ress: 312 SE ELM
Tele	phone number: 886-5081 Date: 10-17-10

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1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the fo						
	Postal Services	Daily	Weekly	Monthly	Never	
	a. Buying stamps			×		
	b. Mailing letters				\boxtimes	
	c. Mailing parcels				X .	
	d. Picking up Post Office box mail				X	
	e. Buying money orders				Ø	
	f. Obtaining special services, includin Certified mail, Registered mail, Insi Delivery Confirmation, or Signature Confirmation	ured mail,			Ø	
	g. Sending Express Mail				$ \angle $	
	Other postal services: a. Entering permit mailings	Yes 🗌	No ₩			
	b. Resetting/using postage meter	Yes	No 🕏			
2.	If yes, which offices: Jonesh	A ono-Cara	No			r fo
	Sedawick, Bo	070	HIRARA	— · · · · · · · · · · · · · · · · · · ·	AAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
3.	Personal needs Banking Employment	mut Rid almet Rid and Rid	dge, Jonesh dge, Jones dge, Jones	sboro	u go to obtain thes	se
	Social needs 💆 Wal	nut Ril	yes you	25 1200		



4.	Do you currently use local businesses in the community?
	Yes ₺ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☒ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	I don't believe the proposed changes will have any impact on my posted services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	You should consider reclassifying the
	You should consider reclassifying the Sedgwick office as well; and the Portia office.
For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.	
Nan	ne: Donna M. Travis (please print your name)
Add	ress: 113 Esther Drive, House AR 72433
Tele	ress: 113 Esther Drive., House AR 112473 sphone number: 501-412-5859 Date: 10-17-10

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Please check the app	ropriate box to in	dicate whether	you use	the Hoxie	Post Office for each	of the followin
Postal Services		Daily	V	leekly	Monthly	Never
a. Buying stamps					X	
b. Mailing letters					X	
c. Mailing parcels						
d. Picking up Post Of	fice box mail					X.
e. Buying money ord	ers					×
f. Obtaining special se Certified mail, Regi Delivery Confirmati	istered mail, Insu					
Confirmation					(X)	
g. Sending Express N	1ail				\square	The state of the s
Other postal services	s:					
a. Entering permit ma	ailings	Yes \square	No	<u>D</u>		
b. Resetting/using po	stage meter	Yes 🗌	No	図		
Do you pass another F personal needs?	Post Office or Sta Yes	_	iness ho	ırs while tr No		rk, or shoppir
If yes, which offices: _		woodilli.			••••	
	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- MARSHIN PT-1-	- AAAAMININ VYYY	
For which of the follow services?						u go to obtain
Shopping	B HEAL	e, W.	<u>R.</u>	Joi	resporo	
Personal needs	XOH B	•	<u> </u>	······································	····	Anna anna anna anna anna anna anna anna
Banking	B_Hex	è + 1	R		MATERIAL STATE OF THE STATE OF	
Employment		маашинууру				AAAAAIIIIIIII YYYY
Social needs	B Hoxi	<u> 2</u>				



	Danier surrenth and business in the appropriate O
4.	Do you currently use local businesses in the community? Yes ✓ No ✓
	Yes 🔣 No 🗔
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	• •
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: 2 act Lawhon (please print your name)
	ress: 101 Ray Dr. Hoxie, At 22433
Tele	phone number: 870-886-222 4 Date: 10-16-10

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1.	Please check the appropriate box t	to indicate whether	r you use the Hoxie P	ost Office for each	of the following:
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps				
	b. Mailing letters		Fanang H		
	c. Mailing parcels				<u>-</u>
	d. Picking up Post Office box mail				
	e. Buying money orders				
	Obtaining special services, inclu Certified mail, Registered mail, Delivery Confirmation, or Signal Confirmation Sending Express Mail	Insured mail,			
	Other postal services:				
	a. Entering permit mailings	Yes 🗌	No 🔼		
	b. Resetting/using postage meter	Yes 🗌	No 🖯		
2.	Do you pass another Post Office or personal needs?	Station during bu	siness hours while tra		rk, er shopping, or fo
	If yes, which offices: Bono	AR,	Jonesboro	AR	
	SEDGWIN	AR.			
3.	For which of the following do you le services?	eave your commun	ity? (Check all that a	pply.) Where do you	u go to obtain these
	Shopping				00000000000000000000000000000000000000
	Personal needs			AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
	Banking				
	Employment	Jones boro	AR_		***************************************
	Social needs				



4.	Do you currently use local businesses in the community?
	Yes Ġ No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Reggie Dunham (please print your name)
Add	ress: 30 Hoyes
Tele	phone number: Date: _/O-/8-/D

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Postal Services Daily Weekly Monthly Never a. Buying stamps D. Mailing letters C. Mailing parcels D. Picking up Post Office box mail D. Picking up Post Office box mail D. Buying money orders D. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation D. Sending Express Mail D. Other postal services: D. A. Entering permit mailings D. Resetting/using postage meter D. No D. Yes No Monthly Never Nomble D. No W. Monthly D. No W. M	Please check the a	appropriate box to	ndicate whether	you use the H ox ie F	ost Office for each	of the following
b. Mailing letters	Postal Services		Daily	Weekly	Monthly	Never
c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping personal needs? Yes No Weight Station of the post of the property of the personal needs?	a. Buying stamps	,				
d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping personal needs? Yes No	b. Mailing letters			o d		
e. Buying money orders	c. Mailing parcels					
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping personal needs? Yes No No	d. Picking up Post	Office box mail				
Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping personal needs? Yes No No No No No No No No No N	e. Buying money	orders			☑	
Other postal services: a. Entering permit mailings Yes No b. Resetting/using postage meter Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping personal needs? Yes No No No No No No No No	Certified mail, F Delivery Confirm	Registered mail, Ins	ured mail,		₫	
a. Entering permit mailings Yes No No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping personal needs? Yes No	g. Sending Expres	s Mail				d
b. Resetting/using postage meter Yes \(\square\) No \(\square\) Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping personal needs? Yes \(\square\) No \(\square\)	Other postal serv	ices:				
Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping personal needs? Yes No No	a. Entering permi	t mailings	Yes 🗌	No 🗹		
personal needs? Yes No No	b. Resetting/using	j postage meter	Yes 🔲	No 🗹		
	personal needs?	Yes		No		
	services?		·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	Shopping	\$ Sone	sbore AR	* *	LAAHHIIIII YYYYY	4494
services?	Personal needs					
services? Shopping \[\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\chi}}}} \sqrt{\sqrt{\chi}} \] Shopping \[\sqrt{\sqrt{\sqrt{\chi}}} \sqrt{\sqrt{\chi}} \sqrt{\chi} \sqrt{\chi} \chi.	Banking		AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	AAA MAAAAA MAAAAA MAAAAAA MAAAAAAA MAAAAAA	**************************************	
Shopping Jonesbore AR. Personal needs	Employment		A A A A A A A A A A A A A A A A A A A		2232HHIIII1100AAAA	Williamstandon
Shopping Shopping Dersonal needs Banking	Social needs					



4.	Do you currently use local businesses in the community?
	Yes □ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	*
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: To Aww HARRIS (please print your name)
Add	ress: POBOX 352 HOXIEAR, 12433 sphone number: 810-159-1688 Date: 10-26-10
Tele	phone number: 870-759-1688 Date: 10-26-10

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps					B	
	b. Mailing letters					×	
	c. Mailing parcels					X	
	d. Picking up Post Offic	e box mail				×	
	e. Buying money order	rs				X	
	f. Obtaining special ser Certified mail, Regist Delivery Confirmation Confirmation	tered mail, Insu n, or Signature	red mail,			×	
	g. Sending Express Ma	il					
	Other postal services:						
	a. Entering permit mail	ings	Yes 🗆	No 🐰			
	b. Resetting/using pos	tage meter	Yes 🗌	No 🗹			
2.	Do you pass another Popersonal needs?	ost Office or Sta Yes		iness hours while tra	veling to or from wor	k, or shopping, or	· foi
	If yes, which offices:	Walnus	+ Kid	log log	Office		
3.	For which of the following services?	ng do you scave	your commune	iy: (Ondok ali mat a	pply.) Where do you	go to obtain thes	ę
	Shopping [MINITE			
	Personal needs				DATE OF THE PARTY	······································	
	Banking [<u> </u>	L Lucenia America	HATTER THE STATE OF THE STATE O			
	Employment [ALIIII ALIIII ALIIII ALIIII ALIIII ALIIII ALIIII ALIIII ALIIIII ALIIII ALIIII ALIIII ALIIII ALIIII ALIIII ALIIII ALIIII ALIIIII ALIIII ALIII ALIIII ALIII ALIIII ALIII ALIII ALIIII ALIII a	P4	
	Social needs		and the second s			A _A T .	



4.	Do you currently use local businesses in the community?
	Yes No No
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
	ne: Angela Hendrix (please print your name) ress: 410 SE Shird AR
Add	ress: 410 SE Third . Idoxie AR
Tele	phone number: 870 - 886 - 93 07 Date: 10 - 25 - 10

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
	Postal Services		Daily	W	eekly	Monthly	Never	
	a. Buying stamps						Ø	
	b. Mailing letters						X	
	c. Mailing parcels						团	
	d. Picking up Post O	ffice box mail					Z	
	e. Buying money or	ders					[X]	
	f. Obtaining special s Certified mail, Reg Delivery Confirma Confirmation	gistered mail, Ins tion, or Signature	ured mail,				[<u>X</u>]	
	g. Sending Express	Man						
	Other postal service	2 5 :						
	a. Entering permit m	nailings	Yes 🗌	No	X			
	b. Resetting/using p	ostage meter	Yes 🗌	No	X			
2.	Do you pass another personal needs?	Yes	X		No	-	rk, or shopping, or	· fo
	If yes, which offices:	Portia	, walnut	Rid	<u>ge</u>		ADD-SOUTHING AND HISTORY	
							-	
3.	For which of the followervices?	wing do you leav	e your communit	y? (Ched	ck all that a	apply.) Where do you	go to obtain thes	e
	Shopping		boro	Poco	honta	s Walnu	+ Ridge	
	Personal needs				+F-401			
	Banking	& mog v	ut Ridg	<u>e</u>		00000000000000000000000000000000000000		
	Employment	B Porti	<u>a</u>		- Land Out		······································	
	Social needs		Annual Control of the				AHHISTOPH .	



4.	Do you currently use local businesses in the community?
	Yes No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion 🔀 Unfavorable 🗌
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	tl. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Cynthia Slagley (please print your name)
	ress: 295 Lawrence Rd 523 NOX:e AR 72133
Tele	phone number:

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1. Please check	the appropriate box to	indicate whether	you use the Hoxie F	Post Office for each	of the following:
Postal Servic	es	Daily	Weekly	Monthly	Never
a. Buying star	mps		X		
b. Mailing lett	ers	×			
c. Mailing par	cels			×	Annual Control of the
d. Picking up	Post Office box mail				Y
e. Buying mo	oney orders				R.
Certified m	pecial services, includir ail, Registered mail, Ins onfirmation, or Signatur	sured mail,	П	П	Ж
g. Sending Ex					` ✓
Other postal : a. Entering p b. Resetting/i		Yes 🗌	No X		
2. Do you pass a personal need If yes, which o	Yes	station during bus Ridge	No	-	
3. For which of the services? Shopping Personal need Banking Employment Social needs			ty? (Check all that a	apply.) Where do yo	u go to obtain these



4.	Do you currently use local businesses in the community?
	Yes X No 🗆
	-
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal
	Service should consider in deciding whether to adopt the proposal.
	·
Tha	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: 2411 SE Front ST. Hoxie, AR 72433
Add	ress: 2411 SE Front ST. Hoxie, AR 72433
	phone number: Date: \(\lambda \) \(\lambda \)

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Postal Customer Questionnaire

Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following							
Postal Services		Daily	V	Veekly .	Month	nly	Never
a. Buying stamps					×		
b. Mailing letters		***************************************		X			
c. Mailing parcels							X
d. Picking up Post	Office box mail					•	M
e. Buying money	orders			×			
	al services, includin Registered mail, Ins nation, or Signature	ured mail,					
Confirmation	nation, or olynature				X		
g. Sending Expres	s Mail						X
Other postal servi	ices:						
Other postal servi		Yes 🗌	No	×			
Entering permit Resetting/using	i mailings g postage meter	Yes 🗌	No	×	welling to or	from work	or channin
a. Entering permit b. Resetting/using Do you pass another personal needs? If yes, which offices	i mailings g postage meter er Post Office or St Yes	Yes detion during to	No ousiness ho	urs while tra	×		
a. Entering permit b. Resetting/using Do you pass another personal needs? If yes, which offices	mailings postage meter er Post Office or St Yes	Yes tation during to	No ousiness ho	urs while tra	×		
a. Entering permit b. Resetting/using Do you pass another personal needs? If yes, which offices For which of the following	t mailings postage meter er Post Office or St Yes :	Yes tation during to	No business hou	urs while tra	pply.) When		
a. Entering permit b. Resetting/using Do you pass another personal needs? If yes, which offices For which of the folioservices?	i mailings i postage meter er Post Office or St Yes S:	Yes dation during b	No pusiness hou	urs while tra	pply.) When		
a. Entering permit b. Resetting/using Do you pass another personal needs? If yes, which offices For which of the folioservices? Shopping	i mailings i postage meter er Post Office or St Yes S: lowing do you leave	Yes ation during b	No pusiness hou	urs while tra	pply.) When		
a. Entering permit b. Resetting/using Do you pass another personal needs? If yes, which offices For which of the folioservices? Shopping Personal needs	i mailings i postage meter er Post Office or St Yes S: lowing do you leave	Yes ation during to	No pusiness hou	urs while tra	pply.) When	re do you g	

*

	Do you currently use le	ocal businesses in the co	ommunity?	
		Yes 💢	No 🗀	
5.	change to your deliv	ery service. What wo	office box service from the Hoxie P uld be your opinion about receiving g.services and be located at the sa	service from a classified
		No Opinion	Unfavorable	
6.	Following are commen	its I wish to make concer	ning the proposed changes to the Hox	le Post Office.
			e any favorable or unfavorable effects y ffectiveness of your postal services.	you believe the
		*		
		*		
			,	
			, h	
			4	
			er views or information that you believe er to adopt the proposal.	e the Postal
		lease add on a separate ne to complete this quest	piece of paper and attach it to this form ionnaire.	n.
Nai	me: Tina Sta	ford	· · · · · · · · · · · · · · · · · · ·	
	iress: 403 Pir		<u> </u>	
Tel	aphone number:		Date: 10-18-10	

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1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the					of the following:
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps				
	b. Mailing letters				
	c. Mailing parcels				
	d. Picking up Post Office box mail				
	e. Buying money orders				D
	Obtaining special services, including Certified mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation Sending Express Mail				
	g. Canang Empresa man	_	<u> </u>		
	Other postal services:				
	a. Entering permit mailings	Yes 🗌	No D		
	b. Resetting/using postage meter	Yes 🗌	No 🖊		
2.	Do you pass another Post Office or Sta personal needs?		iness hours while tra الرم		rk, or shopping, or fo
	If yes, which offices:	***************************************		***************************************	
		***************************************	- Add Address	WIND THE RESERVE OF THE PROPERTY OF THE PROPER	
3.	For which of the following do you leave services?				
	Shopping				
	Personal needs		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	
	Banking		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Employment				
	Social needs				<u>u</u>



	_
4.	Do you currently use local businesses in the community?
	Yes ☐ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	·
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	
Add	ress: 507 SW HARDING HOVIC AR
Tele	phone number: Date: 10/24/10

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Postal Services		Daily	W	leekly	Monthly	Never
a. Buying stamps					₽	
o. Mailing letters						
c. Mailing parcels						
d. Picking up Post Office	box mail				团	
e. Buying money orders						
Obtaining special service Certified mail, Register	ed mail, Insu					
Delivery Confirmation, Confirmation	or Signature				a	
Sending Express Mail						
Other postal services:						
a. Entering permit mailing	gs	Yes 🔲	No	D/		
. Resetting/using postag	ge meter	Yes 🗌	No	QΖ		
Do you pass another Post personal needs?	Office or Sta		siness hou	ers while tra		rk, or shopp
f yes, which offices:		····				· · · · · · · · · · · · · · · · · · ·
	· · · · ·					
	MAS**					
For which of the following ervices?	do you leave	your communi	ty? (Che	ck all that a	ipply.) Where do you	i go to obtai
Shopping	HAYSZ	WALMA	KT_1	WALN	UTRIDGE	***************************************
	WAL	MART				
Personal ⊓eeds ☐			a. 1	1	- 10	
Banking	ERST.	NATION	7L	tox;t	-HX	
	Eirst Dis,	NATIONI APLED	74 1	tox;c	<i>-/</i> //\	



4.	Do you currently use local businesses in the community?
	Yes II No [
5.	change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion 1 Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	NOT 54RE
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	NA
"T"i	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: Po-Box 133 Hox 15, AR 73433 phone number: 870-637-4654 Date: 10-16-10
Add	ess: P.O.BOX133 HOX; E, AR 73433
Tele	phone number: 870-637-4654 Date: 10-16-10

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1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the follow				of the following:					
	Postal Services		Daily	W	/eekly	Monthly	Never			
	a. Buying stamps					X	-			
	b. Mailing letters				×					
	c. Mailing parcels					×				
	d. Picking up Post C	Office box mail								
	e. Buying money or	ders								
	f. Obtaining special Certified mail, Re- Delivery Confirma Confirmation	gistered mail, Insi	ired mail,			×				
	g. Sending Express	Mail				2 8				
	Other postal services:									
	a. Entering permit n	nailings	Yes 🗌	No	X					
	b. Resetting/using p	Yes 🗌	No	×						
2.	Do you pass another personal needs?	ation during busi	ness hou	urs while tra No	,	rk, or shopping, or	for			
	If yes, which offices:									
3.	For which of the follo services? Shopping Personal needs Banking Employment Social needs	Walnus	_			pply.) Where do you	_	e		





4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☒ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ne: WALTER MONARD
Add	ress: 706 S.W. RANDOLPH ST Hoxis AR
Tolo	phone number: 870 - 809 - 0.249 Date: 10/21/10

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1.	Please check the appropriate	e box to indicate whether	you use the Hoxie P	ost Office for each	of the following:
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps				×
	b. Mailing letters				×
	c. Mailing parcels				X
	d. Picking up Post Office box	x mail			À
	e. Buying money orders				Á
	Obtaining special services Certified mail, Registered Delivery Confirmation, or S Confirmation Sending Express Mail	mail, Insured mail,			X X
	Other postal services: a. Entering permit mailings b. Resetting/using postage in	Yes ☐ meter Yes ☐	No X		
2.	Do you pass another Post Of personal needs? If yes, which offices:	fice or Station during bus Yes X	iness hours while tra		rk, or shopping, or for
3.	For which of the following do services? Shopping Personal needs Banking Employment Social needs	you leave your community JONES LOCA JONE	, Walnud		u go to obtain these



4.	Do you currently use local businesses in the community?
	Yes ₩ No □
5.	change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ne: Julie Helarustal (please print your name)
Addı	ress: <u>403 Nts 4th 8t. Hoxie AR</u>
Tele	phone number: 0759 2732 Date: 10 16 10

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1.	Please check the appropriate box to in	ndicate whether	you use the Hoxie P	ost Office for each	of the following:
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps				臣
	b. Mailing letters		B	and the same of th	
	c. Mailing parcels				Ø
	d. Picking up Post Office box mail				
	e. Buying money orders				Ø
	f. Obtaining special services, includin Certified mail, Registered mail, Ins Delivery Confirmation, or Signature	ured mail,			
	Confirmation				Ø
	g. Sending Express Mail				d
	Other postal services:				
	a. Entering permit mailings	Yes	No 🗗		
	b. Resetting/using postage meter	Yes	No 📥		
2.	Do you pass another Post Office or St personal needs?	ation during bus	iness hours while tra		irk, or shopping, or fo
		A A	work the	Same	
3.	For which of the following do you leave services?	e your communit	iy? (Check all that a	pply.) Where do you	u go to obtain these
	Shopping				*****
	Personal needs			***************************************	
	Banking	***************************************	·		
	Employment				
	Social needs	iboro_		-	



4.	Do you currently use local businesses in the community?
	Yes ♥ No □
	y
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. I don't believe it will affect me at all as long as my delivery service is net affected as I am work the same hours as the post offices are open for business and do not use the post office itself for anything. I mail letters in the outside drop look if necessary and I have to too buy my stamps at walmart. II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
For	additional comments, please add on a separate piece of paper and attach it to this form.
	nk you for taking the time to complete this questionnaire.
Nan	ne: Jennifer Woods (please print your name)
Addi	ress: 231 LAW SII Hoxie AR 72433
	phone number: 930-755 - 2513 Date: 10-21-10

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1.	Please check the appropriate box to in	ndicate whether y	ou use the Hoxie P	ost Office for each	of the following:	
	Postal Services	Daily	Weekly	Monthly	Never	
	a. Buying stamps			X		
	b. Mailing letters			X		
	c. Mailing parcels				\bowtie	
	d. Picking up Post Office box mail				×	
	e. Buying money orders				X	
	f. Obtaining special services, including Certified mail, Registered mail, Inst Delivery Confirmation, or Signature	ured mail,			•	
	Confirmation				×	
	g. Sending Express Mail				×	
	Other postal services:					
	a. Entering permit mailings	Yes 🔲	No X			
	b. Resetting/using postage meter	Yes 🗌	No 🎢			
2.	Do you pass another Post Office or St personal needs?		ess hours while tra	-	rk, or shopping, or	for
	If yes, which offices: <u>SEDWIC</u>	< 6000	ALIAN AND AND AND AND AND AND AND AND AND A		***************************************	
		A STATE OF THE STA				
3.	For which of the following do you leave services?	your community	? (Check all that a	pply.) Where do you	u go to obtain these	₽
	Shopping SoNE	TIMES	······································	······································		
	Personal needs 🛛 Doc	TOR			то стинующий постания и	
	Banking					
	Employment X AlX	tustse 1	ASS CON	TAINER		
	Social needs		HIII AAAA HAAAA AAAAA AAAAAAAAAAAAAAAAA			



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	NA
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	$\Lambda I I A$

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name: DONALD A WILLFOND
(please print your name)

Address: 611 SE HARDING HOXIE, ART
Telephone number: 800 637 2023 Date: 10-29-10

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Buying stamps	rease clieck file appropriate o	OX TO TRANSCIO MINGGOT			
Do. Mailing letters	Postal Services	Daily	Weekly	Monthly	Nev
d. Picking up Post Office box mail	. Buying stamps				À
d. Picking up Post Office box mail	. Mailing letters		abla		
e. Buying money orders	. Mailing parcels				Ø
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No No Do you pass another Post Office or Station during business hours while traveling to or from work, or shours	. Picking up Post Office box n	nail 🔲			
Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No No Do you pass another Post Office or Station during business hours while traveling to or from work, or should be confirmed to the post of the po	. Buying money orders				×
Confirmation	Certified mail, Registered ma	ail, Insured mail,			,
Other postal services: a. Entering permit mailings Yes \(\square \) No \(\frac{1}{2} \) b. Resetting/using postage meter Yes \(\square \) No \(\frac{1}{2} \) Do you pass another Post Office or Station during business hours while traveling to or from work, or sho					X
a. Entering permit mailings Yes No No No Do you pass another Post Office or Station during business hours while traveling to or from work, or sho	, Sending Express Mail				×
b. Resetting/using postage meter Yes \(\square\) No \(\square\) Do you pass another Post Office or Station during business hours while traveling to or from work, or sho					
Do you pass another Post Office or Station during business hours while traveling to or from work, or sho	ther postal services:				
	•	Yes □	No 🔀		
Yes No Yes No Yes No Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes Yes Yes	Entering permit mailings Resetting/using postage me	eter Yes 🗌	No 🗷	unding to a from	ومعادد والمراجع والمر
	Entering permit mailings Resetting/using postage me to you pass another Post Officersonal needs?	eter Yes □ e or Station during bus Yes □	No 🗡	rsi.	
Shopping D_Jonesbono Al	Entering permit mailings Resetting/using postage me to you pass another Post Officersonal needs? yes, which offices: or which of the following do you	eter Yes eter eter Yes eter eter Yes eter Yes eter Yes eter Yes eter Yes eter Yes eter eter Yes eter eter Yes eter eter Yes eter et	No Annual No	pply.) Where do you	u go to obt
,) /	Entering permit mailings Resetting/using postage me to you pass another Post Officersonal needs? yes, which offices: or which of the following do your which of the following do your whopping	eter Yes eter eter Yes eter eter Yes eter Yes eter Yes eter Yes eter Yes eter Yes eter eter Yes eter eter Yes eter eter Yes eter et	No Annual No	pply.) Where do you	u go to obt
Personal needs Walnut Kidge AR	Entering permit mailings Resetting/using postage me to you pass another Post Officersonal needs? yes, which offices: or which of the following do your or which of the following do you envices?	eter Yes e or Station during bus Yes ves ou leave your communit ones boro	No iness hours while tra No iness hours whi	pply.) Where do you	u go to obt
Personal needs	Entering permit mailings Resetting/using postage me to you pass another Post Officersonal needs? yes, which offices: or which of the following do your which which of the following do your which which of the following do your which whi	eter Yes e or Station during bus Yes ou leave your communit ones bono NA Dalnut Rich	No iness hours while tra No iness hours whi	pply.) Where do you	u go to obt

4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☐ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate plece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Lee Ann Pulliam (please print your name)
Add	ress: P.D.BOX 64 Hoxie, AR 72433
	phone number: NA Date: 11-2-10

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Posta	al Services		Daily	Weekly	Monthly	Neve
	uying stamps		т	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		П
		x	<u></u> K ∵ a*	LI	h-manning	
b, Ma	ailing letters		X	L.		
c. Ma	ailing parcels				×	
d. Pi	cking up Post O	ffice box mail				×
e. B	luying money or	ders				×
Ce	ertified mail, Reg	servi <mark>c</mark> es, includir gistered mail, Ins tion, or Signatur	sured mail,			
	onfirmation	ilon, or signatur		X		
g. Se	ending Express	Mail		感		
Other	r postal service	es:				
	intering permit m	nailings	Yes 🗌	No 🗷		
a. Er b. Ro	esetting/using p	ostage meter	Yes 🗌	No 🗷	raveling to or from wo	ork of shop
a. Er b. Ro Do yo perso	esetting/using pour pass another onal needs?	Post Office or S	Yes ☐ station during bus	No 🔣 iness hours while to	raveling to or from wo	
a. Er Do yo perso	esetting/using pour pass another onal needs? which offices:	Post Office or S	Yes ☐ station during bus	No 🗷	R	
Do you perso	desetting/using property pass another onal needs? which offices: which of the followers?	Post Office or S Yes	Yes Station during bus Station during bus Station during bus	No 🗷	apply.) Where do yo	
Do you perso	desetting/using property pass another onal needs? which offices: which of the followers?	Post Office or S Yes	Yes Station during bus Station during bus Station during bus	No Kiness hours while to No No ty? (Check all that	apply.) Where do yo	
Do you perso	desetting/using pour pass another onal needs? which offices: which of the followers? ping pnal needs	Post Office or S Yes	Yes itation during bus itation during bus ye your communi	No Kiness hours while to No No ty? (Check all that	apply.) Where do yo	
a. Er Do yo perso fyes, or wiservice Shopp Perso Bankii	desetting/using pour pass another onal needs? which offices: which of the followers? ping pnal needs	Post Office or S Yes	Yes itation during bus itation during bus itation during bus	No Kiness hours while to No	apply.) Where do yo	



4.	Do you currently use local businesses in the community?
	Yes ■ No □
5.	If you now receive carrier delivery or post office box service from the Hoxle Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion 🔣 Unfavorable 🗌
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	\cdot .
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	It muchel be a let more trouble
	It would be a let more traible
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ress: 1/77 LAWRENCE 504 HOXIE AR.72433
Add	ress: 1177 LAWRENCE 504 HOXIE AR. 72433
Tele	phone number: 870 637 503 2 Date: 10-27-2010

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***************************************	22	
-	YYX	***************************************



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1.	Please check the ap	propriate box to it	ndicate whether y	ou use the Hoxie P	ost Office for each	of the following:	
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps					A	
	b. Mailing letters					\bowtie	
	c. Mailing parcels					\bowtie	
	d. Picking up Post C	ffice box mail				>	
	e. Buying money or	ders				X	
	f. Obtaining special : Certified mail, Re- Delivery Confirma	gistered mail, Insi	ured mail,			<u>_</u>	
	Confirmation					X	
	g. Sending Express	Mail				alpha	
	Other postal service	es:					
	a. Entering permit n	nailings	Yes 🗌	No X			
	b. Resetting/using p	ostage meter	Yes 🗌	No X			
2.	Do you pass another personal needs?	Yes	×	ness hours while tra		rk, or shopping, or	for
	If yes, which offices:	Walnut	- Ridge			***************************************	
	***************************************				AAAA MAAAA MAAAAA MAAAAAA		
3.	For which of the folloservices?	1		_		ugo to obtain these	,
	Shopping	M Jon	esboro	, Poca	hontas	94444444444444444444444444444444444444	
	Personal needs	t Jon	esboro_	<u></u>		ahuna	
	Banking		/***				
	Employment		AAAA TAA AAAAA AAAAA AAAAAA AAAAAAAAAA		nasauu/Mahkkas	***************************************	
	Social needs	10/ 4	Sboro				



4.	Do you currently use local businesses in the community?
	Yes ☒ No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nam	ress: 88 Lawrence 524 Hotie AR 72433 phone number: 1-870-679-0653 Date: 10-17-16
Add	ress: 88 Lawrence 524 Hotie, AR 72433
Tele	phone number: 1-876-674-6653 Date: 10-17-16

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Please check the a	ippropriate box to in	idicate whether	•			
Postal Services		Daily	W	Veekly	Monthly	Never
a. Buying stamps						□ .,
b. Mailing letters					ď	
c. Mailing parcels						D
d. Picking up Post	Office box mail					A
e. Buying money	orders					
Delivery Confirm	al services, including legistered mail, Insu nation, or Signature	ired mail,		F	-	
Confirmation				W10005		
g. Sending Expres	s Mail	<u>. </u>		لسا		
Other postal servi	ices:					
a. Entering permit	mailings	Yes 🗌	No			
,		Yes	No No			
a. Entering permit b. Resetting/using Do you pass another personal needs?	postage meter er Post Office or Sta Yes	Yes ☐ ation during bus	No iness hou	No		
a. Entering permit b. Resetting/using Do you pass another personal needs? If yes, which offices	postage meter er Post Office or Sta Yes s:	Yes ation during bus your communit	No iness hou y? (Che	No ck all that a	pply.) Where do you	
a. Entering permit b. Resetting/using Do you pass anothe personal needs? If yes, which offices For which of the fol	postage meter er Post Office or Sta Yes s:	Yes ☐ ation during bus	No iness hou y? (Che	No	pply.) Where do you	
a. Entering permit b. Resetting/using Do you pass anothe personal needs? If yes, which offices For which of the follservices?	postage meter er Post Office or Sta Yes s:	Yes ation during bus your communit	No iness hou y? (Che	No ck all that a	pply.) Where do you	
a. Entering permit b. Resetting/using Do you pass another personal needs? If yes, which offices For which of the followings Shopping	er Post Office or Sta Yes s:	Yes ation during bus your communit	No iness hou y? (Che	No ck all that a	pply.) Where do you	
a. Entering permit b. Resetting/using Do you pass another personal needs? If yes, which offices For which of the following Shopping Personal needs	postage meter er Post Office or Sta Yes s: lowing do you leave	Yes ation during bus your communit	No iness hou y? (Che	No ck all that a	pply.) Where do you	

4.	Do you currently use local businesses in the community?
	Yes 🖾 No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	••
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: $\frac{R_{eVa}II}{R_{e}}\frac{R_{e}S+o-\omega}{R_{e}}$ (please print your name) ress: $\frac{1150}{R_{e}}\frac{M_{e}S+o-\omega}{R_{e}}$ $\frac{72433}{R_{e}}$ phone number: $\frac{886-3344}{R_{e}}$ Date: $\frac{10-19-010}{R_{e}}$
Add	ress: 1150 midulay Rd 72433
Tele	phone number: 886-2364 Date: 10-19-010

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ITEM NO.
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1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the follow					
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps					
b. Mailing letters			V		
c. Mailing parcels				D'	
d. Picking up Post	Office box mail				Y
e. Buying money	orders				
	l services, includin egistered mail, lns nation, or Signature	ured mail,			
Confirmation	ration, or orgination		genetaring H. H. H	2"""	
g. Sending Expres	s Maii				
Other postal servi	çes:				
a. Entering permit	mailings	Yes 🔲	No I		
b. Resetting/using	postage meter	Yes 🗌	No 🖫		
Do you pass another personal needs?	er Post Office or St	_	iness hours while tra		rk, or shopping, or fol
If yes, which offices					
					• • • • • • • • • • • • • • • • • • • •
For which of the fol services?	lowing do you leav	e your communit	y? (Check all that a	pply.) Where do you	ago to obtain these
Shopping	Waln	ut Ridge	, Pocahon tas	, Forestone	
Personal needs	Y .	4	1 (* *	**************************************
Banking					10000000000000000000000000000000000000
Employment	□ sheah	les	***************************************	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
Social needs	Walnu	t Ridge, 1	Pocahontus,	Jourtone	Additional Williams



4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good No Opinion Unfavorable
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	None at this time
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	none at this time
	prove our prop remix
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nar	ne: AKKY 1. DOBBS (please print your name)
Add	ress: 905 S.W. LAWMENCE, HOXIE, April. 72433
Tele	(please print your name) ress: 905 S.W. h. h. h. h. e. e. e. H. e.

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Property.

1. Please check the	appropriate box to ii	ndicate whether	you use the Hoxie F	ost Office for each	of the following	ı;
Postal Services		Daily	Weekly	Monthly	Never	cecc.
a. Buying stamp	S			D'		
b. Mailing letters						<i>-</i>
c. Mailing parcel	S					D
d. Picking up Po	st Office box mail					
e. Buying mone	y orders					
Certified mail,	cial services, including Registered mail, Inst rmation, or Signature	ured mail,	П	П		
g. Sending Expre	ess Mail					
Other postal ser	vices:		į			
a. Entering perm	nit mailings	Yes 🗌	No 🗌			
b. Resetting/usi	ng postage meter	Yes 🗌	No 🔲			
2. Do you pass and personal needs?	ther Post Office or St	_	iness hours while tra		rk, or shopping	, or for
If yes, which offic	es:	A A A A A A A A A A A A A A A A A A A				
		OUT OF THE STATE O				
3. For which of the f services?	ollowing do you leave	e your communit	y? (Check all that a	pply.) Where do yo	J go to obtain th	nese
Shopping	12	***************************************				
Personal needs) inner		WILLIAM TO THE TOTAL THE T		***************************************	
Banking					HIIIII 1911	
Employment			-			
Social needs			•			



4.	Do you currently use local businesses in the community?
	Yes IZY No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
40	Le fest Hice has been blen a past Hice Years. Why Change Now.
7 or	years. Why Change Now.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Shelma J. Heard
Add	ne: Shelma J. Heard (please print your name) ress: 2600 S.E. Front St.
	phone number: Date: 10-19-10

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Buying stamps	Please check the ap	propriate box to	indicate whether	you use t	he Hoxie I	Post Office for	each of the following
Mailing letters	Postal Services		Daily	W	leekly	Monthly	Never
Mailing parcels Picking up Post Office box mail	a. Buying stamps						[<u>N</u>
Buying money orders	b. Mailing letters						
Delivery Confirmation, or Signature Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation Sending Express Mail Cheer postal services: Entering permit mailings Yes No Resetting/using postage meter Yes No Yes No Yes No Yes No Yes No The postal services: Cor which of the following do you leave your community? (Check all that apply.) Where do you go to obtain ervices? Thopping Torresbotto ersonal needs Torresbotto ersonal needs Torresbotto ersonal needs Torresbotto mployment	c. Mailing parcels						A
Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation Sending Express Mail Cher postal services: Entering permit mailings Yes No Delivery Confirmation, or Signature Other postal services: Entering permit mailings Yes No Delivery Confirmation, or Signature Other postal services: Entering permit mailings Yes No Delivery Confirmation, or Signature Other postal services: No Delivery Confirmation Other postal services: No Delivery Confirmation Other postal services Other postal services No Delivery Confirmation Other postal services Other postal services No Delivery Confirmation Other postal services Other postal services No Delivery Confirmation Other postal services O	d. Picking up Post C	Office box mail				Ø	
Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation Sending Express Mail Cher postal services: Entering permit mailings Yes No Delivery Confirmation No Delivery Confirmation No Delivery Confirmation Cher postal services: Entering permit mailings Yes No Delivery Confirmation N	e Buying money of	ders					
Sending Express Mail	Certified mail, Re	gistered mail, Ins	sured mail,				
Ther postal services: Entering permit mailings Yes No P Resetting/using postage meter Yes No P No	Confirmation					春	
Resetting/using postage meter Yes No Delay No De	g. Sending Express	Mail					如
Resetting/using postage meter Yes No D or you pass another Post Office or Station during business hours while traveling to or from work, or shopping No D or which of the following do you leave your community? (Check all that apply.) Where do you go to obtain ervices? hopping	Other postal servic	es:					
or which of the following do you leave your community? (Check all that apply.) Where do you go to obtain the property of the property of the following of the f	a. Entering permit r	nailings	Yes 🗌	No	中		
yes, which offices: or which of the following do you leave your community? (Check all that apply.) Where do you go to obtain ervices? hopping ersonal needs IN DOMESHOTO / HOULE mployment	b. Resetting/using	oostage meter	Yes 🗌	No	卧		
or which of the following do you leave your community? (Check all that apply.) Where do you go to obtain ervices? hopping to Conesbotto ersonal needs to Walnut fidge anking to Jonesbotto / Hokie mployment	Do you pass another personal needs?		_	ine s s hou		•	m work, or shopping
or which of the following do you leave your community? (Check all that apply.) Where do you go to obtain ervices? hopping to Conesbotto ersonal needs to Walnut fidge anking to Jonesbotto / Hokie mployment	If yes, which offices:	· · · · · · · · · · · · · · · · · · ·		A./			
ersonal needs A Walnut Ridge anking Toneshoro / Hokie mployment	For which of the follo services?	wing do you leav	re your communit		AAAA		
anking Toneshoro / Hokie mployment	Shopping	of Jone	sboro_				AAAAAAAHHHHIIIIIIIIIIIIIIIIIIIIIIIIIII
mployment	Personal needs	n Wal	mut Ri	dge	*	·············	JUUUUUUIIIIIIIIAAAAAAAAAAAAAAAAAAAAAAAA
	Banking	10 Jons	eshoro /	/How	JL	The state of the s	***************************************
ocial needs	Employment			····			
	Social needs	4,000,000					



4.	Do you currently use local businesses in the community?
	Yes X No □
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☐ No Opinion ☑ Unfavorable ☐
6.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.
	B. Other Comments. Please assists any other views as information that you believe the Postal
	II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.
	additional comments, please add on a separate piece of paper and attach it to this form. nk you for taking the time to complete this questionnaire.
Nan	ne: Acric Cosho (please print your name)
Add	ress: 2513St 2nd St Hoxie Ar 72433
Tele	phone number: 870-637-4760 Date: 10-18-10

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			•	1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the					
Postal Services		Daily	Weekly	Monthly	Never				
a. Buying stamps			2						
b. Mailing letters									
c. Mailing parcels									
d. Picking up Post	Office box mail								
e. Buying money o	orders				4				
	l services, includir egistered mail, Ins ation, or Signatur	sured mail,			"				
Confirmation									
g. Sending Express	s Mail								
Other postal service	çes:								
a. Entering permit	mailings	Yes 🗌	No 🗹						
b. Resetting/using	postage meter	Yes 🗌	No 🖪						
	r Doet Office or S	tation during bus	iness hours while tr	raveling to or from wo	rk, or shopping, o				
Do you pass anothe personal needs?			No	political distribution of the state of the s					
personal needs?	Yes								
personal needs?	` Yes								
personal needs?	` Yes								
personal needs? If yes, which offices	· Yes	· Z							
If yes, which offices For which of the folio	· Yes	· Z							
If yes, which offices For which of the followervices?	Yes	· Z							
If yes, which offices For which of the folioservices? Shopping	Yes	· Z							
For which of the folioservices? Shopping Personal needs	Yes	· Z							



4.	4. Do you currently use local businesses in the community?	
	Yes ► No □	
5.	 If you now receive carrier delivery or post office box service from the Hoxie Post Offichange to your delivery service. What would be your opinion about receiving service station, which will provide the same mailing services and be located at the same located. 	e from a classified
	Just as Good No Opinion U Unfavorable	
6.	6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post	Office.
	 Effect on Your Postal Services Describe any favorable or unfavorable effects you belied proposal would have on the regularity or effectiveness of your postal services. 	eve the
	II. Other Comments Please provide any other views or information that you believe the Po Service should consider in deciding whether to adopt the proposal.	stal
	Name.	
For Tha	For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.	
Nan	Name: Lannie Owen Shuth (please print your name) Address: 405 N.F. Circle Orive Hooie AR 7243 Telephone number: 870-886-6417 Date: 10/19/10	
Add	Address: 405 N.E. Ciacle Drive House AR 7245	3
Tele	Telephone number: 870-886-6417 Date: 10/19/10	



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4,	Do you currently use local businesses in the community? Yes No	TAGE	
	165 🗀		
5.	If you now receive carrier delivery or post office box service from the Echange to your delivery service. What would be your opinion about restation, which will provide the same mailing services and be located at	ceiving service from a class	
	Just as Good		
6.	Following are comments I wish to make concerning the proposed in	ne Hoxie Post Office.	
	I. Effect on Your Post proposal would have	ffects you believe the res.	
	TNCOMPLETE Ma name l'address provided		
	II. Other Comments Pleas Service should consider i	eve the Postal	
For Tha	additional comments, please add on a separate piece of paper and attach it to ink you for taking the time to complete this questionnaire.	this form.	
Nar	ne(please print your name)		
	ress:		
	ephone number: Date:		



. Please check th	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:								
Postal Service	s	Daily	٧	Veekly	Monthly	Never			
a. Buying stam	ps				×				
b. Mailing letter	·s			⋈					
c. Mailing parce	els								
d. Picking up P	ost Office box mail				Janear Land	X			
e. Buying mon	ey orders					R			
Certified mai	ecial services, includir I, Registered mail, Ins firmation, or Signature	ured mail,		П	П	D.			
					<u></u> 1	₽			
g. Sending Exp	1692 (AIGH	L1		Ш		C			
Other postal se	ervices:								
a. Entering per	mit mailings	Yes 🗌	No	DZ					
b. Resetting/us	sing postage meter	Yes	No	X					
personal needs?	Yes 🗍			No	Q				
services?	following do you leav	-				go to obtain these			
	Shopping Walwit Ridge - Joneshoro								
	Personal needs # Walnut Ridge - Joneshoro								
Banking	B HOXI	E T WA	ING	TKI	192				
Employment	b <u>Ref</u>	IRED	gg ^g	1 11		* .			
Social needs DUALNUTRIDGE THOKIE									



Tarana Maria

	•		DOCKET NO.	72433
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4.	Do you currently use local businesses in the community?		PAGE	255
	Yes □	No 🗌	• • • • • • • • • • • • • • • • • • • •	
		\$ Superal		
5.	If you now receive carrier delivery or post office box change to your delivery service. What would be yo station, which will provide the same mailing services	ur opinion about receiv	ing service from a c	
	Just as Good	orable 🗌		
6.	Following are comments I wish to make concerning the p	roposed changes to the I	Hoxie Post Office.	
	 Effect on Your Postal Services Describe any favor proposal would have on the regularity or effectivenes 			
	,			
	II. Other Comments Please provide any other views of		lieve the Postat	
	Service should consider in deciding whether to adopt	the proposal.		
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For Tha	r additional comments, please add on a separate piece of p ank you for taking the time to complete this questionnaire.	aper and attach it to this	form.	
No	· ima'			
144	me: (please print your name)	- Anne		
Ado	dress:			
	lephone number: Date:			



1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each					of the following:				
	Postal Services		Daily	Weekly	Monthly	Never			
	a. Buying stamps				×				
	b. Mailing letters		K						
	c. Mailing parcels				X				
	d. Picking up Post 0	Office box mail	×						
	e. Buying money o	rders				X			
		gistered mail, Ins	ured mail,						
	Delivery Confirmation, or Signature Confirmation		×						
	g. Sending Express	Mail				A			
	Other postal service	es:							
	a. Entering permit r	mailings	Yes 🗌	No 🕱					
	b. Resetting/using	postage meter	Yes 🗌	No X					
2.	Do you pass another personal needs? If yes, which offices:	Yes	. 1	iness hours while tra	aveling to or from wo	rk, or shopping, or	for		
	post offi	Ce:		4,000					
3.	For which of the follo services?	wing do you leav	e your communit	ty? (Check all that a	apply.) Where do you	a go to obtain thes	е		
	Shopping \(\Delta\) \(
	Personal needs & JONOSDOTO, Imboden Dr3 Dentist								
	Banking		A						
	Employment		A	2 2 1 1					
	Social needs	& John	sloro,	little Roc	K. Mounta	in Home			



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			DOCKETNO.	72.4.2
4.	Do you currently use local businesses in the community?		ITEM NO.	2>-
⊸.	Do you currently use local businesses in the continuinty:		PAGE	37
	Yes 🕡	No 🔲		
5.	If you now receive carrier delivery or post office box ser change to your delivery service. What would be your o station, which will provide the same mailing services an	pinion about receivir	ng service from a cla	
	Just as Good No Opinion Unfavorab			
6.	Following are comments I wish to make concerning the propo	sed changes to the Ho	oxie Post Office.	
	 Effect on Your Postal Services Describe any favorable proposal would have on the regularity or effectiveness of 		s you believe the	
	II. Other Comments Please provide any other views or info Service should consider in deciding whether to adopt the		eve the Postal	
	to the second of	F. 4F-4		
	· ·			
	additional comments, please add on a separate piece of paper ink you for taking the time to complete this questionnaire.	r and attach it to this fo	orm.	
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	ress:		_	



1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following: **Postal Services** Daily Weekly Monthly Never a. Buying stamps П b. Mailing letters c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation П g. Sending Express Mail Other postal services: Yes \square a. Entering permit mailings b. Resetting/using postage meter Yes 🗌 Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? No 🕡 Yes 🔲 If yes, which offices: For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping Personal needs Banking Employment Social needs



		DOCKETNO.	7243
		ITEM NO.	93-
4.	Do you currently use local businesses in the community?	PAGE	257
	Yes 🚺 No 🗌		
5.	If you now receive carrier delivery or post of the box service from the Hoxie change to your delivery service. What would be your opinion about receiving station, which will provide the same mailing services and be located at the	ng service from a cla	
	Just as Good ☐ No Opinion ☐ Unfavorable		
6.	Following are comments I wish to make concerning the proposed changes to the He	oxie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable effect proposal would have on the regularity or effectiveness of your postal services. 	s you believe the	
	II. Other Comments Please provide any other views or information that you believe should consider in deciding whether to adopt the proposal.	eve the Postal	
	additional comments, please add on a separate piece of paper and attach it to this formal for taking the time to complete this questionnaire.	orm.	
Nar	me:(please print your name)	Phinas	
	(please print your name) dress:		
	ephone number: Date:		



Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following: **Postal Services** Daily Weekly Monthly Never a. Buying stamps П П b. Mailing letters c. Mailing parcels \Box П d. Picking up Post Office box mail П e. Buying money orders \Box f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation \Box П П g. Sending Express Mail Other postal services: Yes 🗀 a. Entering permit mailings No Yes b. Resetting/using postage meter No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes 🗌 No 🎒 If yes, which offices: For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping Personal needs Banking Employment Social needs



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			DOCKET NO.	72433
			ITEM NO.	93
4.	Do you currently use local businesses in the commun	ity?	PAGE	258
	Yes 🖪	No 🔲	4 / 1 W/L	
	(00 =	130		
5.	If you now receive carrier delivery or post office I change to your delivery service. What would be station, which will provide the same mailing serv	your opinion about receiving	ig service from a c	
	Just as Good No Opinion Unf	avorable 📕		
6.	Following are comments I wish to make concerning th	e proposed changes to the Ho	xie Post Office.	
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	II. Other Comments Please provide any other view Service should consider in deciding whether to ac		ve the Postal	
	Octation attended to according wholest to acc	iopt and proposal.		
For Tha	additional comments, please add on a separate piece on known for taking the time to complete this questionnain	of paper and attach it to this fo e.	rm.	
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- 1744	ne:(please print your name)	V	Manage	
Add	ress:			
	onhane number Date			



1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following: Weekly Monthly Never **Postal Services** Daily a. Buying stamps b. Mailing letters 7 \Box П c. Mailing parcels П d. Picking up Post Office box mail \Box П \Box e. Buying money orders П f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings Yes 🗌 b. Resetting/using postage meter Yes No 2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes 🗍 No 🌃 If yes, which offices: For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping Personal needs Banking **Employment** Social needs



		DOCKETNO.	72432
		ITEM NO.	33
4.	Do you currently use local businesses in the community?	PAGE	928
-7			`
	Yes D	No 🗆	
5.	If you now receive carrier delivery or post office box service from change to your delivery service. What would be your opinion station, which will provide the same mailing services and be known.	about receiving service from	ere will be no a classified
	Just as Good ☐ No Opinion ☐ Unfavorable ☑		
6.	Following are comments I wish to make concerning the proposed cha	anges to the Hoxie Post Office.	
	Effect on Your Postal Services Describe any favorable or unforproposal would have on the regularity or effectiveness of your pool.		
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	II. Other Comments Please provide any other views or informatio Service should consider in deciding whether to adopt the propos		
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	r additional comments, please add on a separate piece of paper and at ank you for taking the time to complete this questionnaire.	tach it to this form.	
Nar	me:		
	me:		
Ado	dress:		
Tel	lenhone number: Date:		



Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following: Daily Weekly Monthly Never **Postal Services** 17 a. Buying stamps M b. Mailing letters c. Mailing parcels □ */* d. Picking up Post Office box mail e. Buying money orders П f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail П Other postal services: a. Entering permit mailings Yes P b. Resetting/using postage meter Yes 🗍 No M Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes 🗌 If yes, which offices: For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping Personal needs Banking Employment Social needs



		DOCKETNO.	72433
	De la companya de la contraction de la contracti	ITEM NO.	6-9
4.	Do you currently use local businesses in the community?	PAGE	260_
	Yes ☑ No □		
5.	If you now receive carrier delivery or post office box service from the Hoxie change to your delivery service. What would be your opinion about receive station, which will provide the same mailing services and be located at the Just as Good No Opinion Unfavorable	ng service from a	
6.	Following are comments I wish to make concerning the proposed changes to the H	oxie Post Office.	
	Effect on Your Postal Services Describe any favorable or unfavorable effect proposal would have on the regularity or effectiveness of your postal services.	ts you believe the	
	Other Comments Please provide any other views or information that you believe should consider in deciding whether to adopt the proposal.	eve the Postal	
	additional comments, please add on a separate piece of paper and attach it to this fank you for taking the time to complete this questionnaire.	orm.	
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	ephone number: Date:		



	Please check the appropriate box to inc		•				
Postal Services			Daily	٧	Veekly	Monthly	Never
a. Buying stamps					Z		
b. Mailing letters							
c. Mailing parcels							
d. Picking up Post	t Office box mail		□ +1/3·				
e. Buying money	orders					9	
Delivery Confirm	al services, includir Registered mail, Ins nation, or Signatur	ured ma				172	
Confirmation			L			4	L_J
g. Sending Expres	ss Mail						
Other postal serv	ices:						
a. Entering permi	t mailings	Yes		No	3		
b. Resetting/using	g postage meter	Yes		No			
personal needs?	Yes	· 🗆			No	aveling to or from wor	

For which of the for services?	llowing do you leav	e your o	community	? (Che	ck all that a	apply.) Where do you	go to obtai
Shopping		***************************************					· · · · · · · · · · · · · · · · · · ·
Personal needs	<u> </u>						
Banking			***	···			
Employment		·····					
Social needs							



		DOCKET NO.	72433
4.	Do you currently use local businesses in the community?	ITEM NO. PAGE	261
	Yes X	No []	
	If you now receive carrier delivery or post office box service from change to your delivery service. What would be your opinion at station, which will provide the same mailing services and be located to the same mailing services.	oout receiving service from a	
	Just as Good No Opinion Unfavorable		
6.	Following are comments I wish to make concerning the proposed change	ges to the Hoxie Post Office	
Mar ffic	1. Effect on Your Postal Services Describe any favorable or unfavorable proposal would have on the regularity or effectiveness of your post by Of the Chizens whilize the face of the Chizens while to get out thought the without having to		Hoxie Pos letters, ge
	II. Other Comments Please provide any other views or information of Service should consider in deciding whether to adopt the proposal		
	additional comments, please add on a separate piece of paper and atta nk you for taking the time to complete this questionnaire.	ch it to this form.	
Nam	ne:(please print your name)		
Add	ress:		
	ephone number: Date:		



Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
Postal Services		Daily	Weekl	у	Monthly	Never	
a. Buying stamps				•	$\square 3r$	ollsone [
b. Mailing letters		Ø		۔ √Ωس			
c. Mailing parcels			\boxtimes	defendence			
d. Picking up Post Of	ffice box mail	X					
e. Buying money ord	lers					™	
Certified mail, Reg Delivery Confirmat Confirmation	istered mail, Insu ion, or Signature		⊠ ⊠	deparduru	9 _		
Other postal services:							
			NO L	w we	for our	Wall but	
b. Resetting/using po	ostage meter	res x	140	•	U		
Do you pass another personal needs?			business hours w	hile travelin	g to or from t	work, or shopping, or fo	
If yes, which offices:			<u> </u>		· ·		
For which of the follow services? Shopping Personal needs Banking Employment	ving do you leave	your comm the Cit	unity? (Check all			you go to obtain these	
	a. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Off e. Buying money ord f. Obtaining special sometime of the following special service a. Entering permit m b. Resetting/using permit m b. Resetting/using permit m b. Resetting/using permit m confirmation for you pass another personal needs? If yes, which offices: For which of the following permit m services? Shopping Personal needs Banking Employment	a. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings b. Resetting/using postage meter Do you pass another Post Office or Stapersonal needs? Yes If yes, which offices: For which of the following do you leave services? Shopping Personal needs Banking Employment	A. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings b. Resetting/using postage meter Yes Do you pass another Post Office or Station during personal needs? Yes If yes, which offices: For which of the following do you leave your comm services? Shopping Personal needs Banking Employment	A. Buying stamps	Buying stamps	Postal Services Daily Weekly Monthly a. Buying stamps Daily Weekly Monthly A. Buying stamps Daily Monthly Delivery Confirmation Delivery Confirmation, or Signature Confirmation Confirma	



		DOCKETNO.	72433
		ITEM NO.	22
4.	Do you currently use local businesses in the community?	PAGE	367
	Yes IX. No □		
5.	If you now receive carrier delivery or post office box service from the Hoxie P change to your delivery service. What would be your opinion about receiving station, which will provide the same mailing services and be located at the same	service from a cla	
	Just as Good ☐ No Opinion ☐ Unfavorable		·
6.	Following are comments I wish to make concerning the proposed changes to the Hox	e Post Office.	
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	have to drive turther for their	Posta	
	proposal would have on the regularity or effectiveness of your postal services. If you close our post office, the have to drive further for their needs. Its just not right		
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	II. Other Comments Please provide any other views or information that you believe Service should consider in deciding whether to adopt the proposal.	e the Postal	
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	additional comments, please add on a separate piece of paper and attach it to this formank you for taking the time to complete this questionnaire.	n.	
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	dress:		
	ephone number: Date:		



Postal Services		Daily	Weekly	Monthly	Neve
a. Buying stamps			₩		
b. Mailing letters			j X -		
c. Mailing parcels)	
d. Picking up Post	Office box mail		16		
e. Buying money	orders		Æ		
	al services, includir Registered mail, Ins nation, or Signature	ured mail,	. 🗆	×	
g. Sending Expres	ss Mail			≥	
Other postal serva. Entering permi		Yes □	No 🕱		
b. Resetting/using	_	Yes	No 🖾		
personal needs?	Yes		iness hours while tra		
For which of the folservices?	llowing do you leav	e your communit	y? (Check all that a	ppiy.) Where do yoυ	ı go to obta
Shopping				- Vivo summer or and seeded	
Personal needs					
Banking					
Employment					
_mploymont					



		DOCKET NO.	724? 26 26
Do you currently use local businesses in the community?		PAGE	
Yes 🖽	No 🗌		
 If you now receive carrier delivery or post office box service free change to your delivery service. What would be your opinion station, which will provide the same mailing services and be longer. 	about receiving se	ervice from a cl	will be no lassified
Just as Good ☐ No Opinion ☐ Unfavorable 🗹			
6. Following are comments I wish to make concerning the proposed ch	anges to the Hoxie	Post Office.	
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For additional comments, please add on a separate piece of paper and a Thank you for taking the time to complete this questionnaire.	attach it to this form.		
Name:			
Name:(please print your name)			
Address:			* *
Telephone number: Date:			



1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following: **Postal Services** Daily Weekly Monthly Never a. Buying stamps M b. Mailing letters X \Box c. Mailing parcels d. Picking up Post Office box mail Ø e. Buying money orders П f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail M Other postal services: a. Entering permit mailings Yes 🗌 b. Resetting/using postage meter Yes 🗌 Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes \square If yes, which offices: For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping Personal needs Banking **Employment** Social needs



4.	Do you currently use local businesses in the community?	DOCKETNO. ITEM NO. PAGE	96 20
	Yes ☑ No ☐		_
5.	If you now receive carrier delivery or post office box service from the Hoxie I change to your delivery service. What would be your opinion about receivin station, which will provide the same mailing services and be located at the s	g service from a classif	∍ no ied
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6.	Following are comments I wish to make concerning the proposed changes to the Ho.	xie Post Office.	
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For Th	or additional comments, please add on a separate piece of paper and attach it to this fo ank you for taking the time to complete this questionnaire.	rm.	
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1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following: **Postal Services** Weekly Daily Monthly Never a. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: Yes \square a. Entering permit mailings b. Resetting/using postage meter Yes 🗀 Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? No 🛛 Yes 🗌 If yes, which offices: 3. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? _____ Shopping Personal needs Banking Employment occassionally go to movies in Jonesboro Social needs



		DOCKETNO.	74422
		ITEM NO.	22
4.	Do you currently use local businesses in the community?	PAGE	265
	· · · · · · · · · · · · · · · · · · ·		
	Yes 🗹 No 🗌		
5.	If you now receive carrier delivery or post office box service from the change to your delivery service. What would be your opinion about restation, which will provide the same mailing services and be located at	eceiving service from a c	will be no lassified
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6.	Following are comments I wish to make concerning the proposed changes to	the Hoxie Post Office.	
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	r additional comments, please add on a separate piece of paper and attach it to ank you for taking the time to complete this questionnaire.	o this form.	
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	(please print your name)		
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	lenhana number: Date:		



1.	Please check the ap	ppropriate box to ir	ndicate whether y	ou use the Hoxie F	Post Office for each	of the following:
	Postal Services		Daily	Weekly	Monthly	Never
	a. Buying stamps					
	b. Mailing letters		9			
	c. Mailing parcels					
	d. Picking up Post	Office box mail				
	e. Buying money o	orders				
		egistered mail, Insu ation, or Signature	ıred mail,			
	Other postal service	ces:				
	a. Entering permit	mailings	Yes 🗌	No 🕒		
	b. Resetting/using	postage meter	Yes 🗌	No ₽ .		
2.	Do you pass anothe personal needs? If yes, which offices:	Yes	ation during busin	ness hours while tra	P.O. ID	rk, or shopping, or fo
3.	For which of the folloservices?	owing do you leave	your community	? (Check all that a	pply.) Where do you	u go to obtain these
	Shopping		- (/			
	Personal needs)		A STATE OF THE STA
	Banking					
	Employment		7			<u>.</u>
	Social needs		/			·



	Decree with the comment of the comme	DOCKETNO.	72433
4.	Do you currently use local businesses in the community?	ITEM NO.	266
	Yes ₩ No □	PAGE	
5.	If you now receive carrier delivery or post office box service from the Hoxie change to your delivery service. What would be your opinion about receiving station, which will provide the same mailing services and be located at the	ng service from a cla	ill be no ssified
	Just as Good ☐ No Opinion ☐ Unfavorable ☑		
6.	Following are comments I wish to make concerning the proposed changes to the H	oxie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable effect proposal would have on the regularity or effectiveness of your postal services. 	s you believe the	
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	Service should consider in deciding whether to adopt the proposal.	eve trie i Ostai	
F	additional comments, please add on a separate piece of paper and attach it to this f	orm.	
	ank you for taking the time to complete this questionnaire.	orm.	
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7.	Please check the appropria	ate box to ir	idicate whether	you use the Hoxie i	ost Office for each	of the following:	٠.
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps			X			
	b. Mailing letters		5 21			. 🗆	
	c. Mailing parcels			×			
	d. Picking up Post Office b	oox mail	×				
	e. Buying money orders				×		
	f. Obtaining special service Certified mail, Registere Delivery Confirmation, o	ed mail, Inst	ired mail,		54	П	
	Confirmation		Li		Ø		
	g. Sending Express Mail				Æ		
	Other postal services:					* ***	
	a. Entering permit mailing	s	Yes 🔼	No.			
	b. Resetting/using postage	e meter	Yes 🗌	No 🔀			
2.	Do you pass another Post of personal needs? If yes, which offices:	Yes		No	×	ews.	ir foi
3.	For which of the following d services?	lo you leave	your communit	ty? (Check all that a	ppiy.) Where do you	u go to obtain the	se
	Shopping					· ···	
	Personal needs					- Argun	
	Banking						
	Employment	-					
	Social needs						



		DOCKETNO.	72433
4.	Do you currently use local businesses in the community?	ITEM NO.	22
,,		PAGE	267
	Yes No No		
5.	If you now receive carrier delivery or post office box service from the Hoxie change to your delivery service. What would be your opinion about receivi station, which will provide the same mailing services and be located at the	ng service from a cla	
	Just as Good		
6.	Following are comments I wish to make concerning the proposed changes to the H	oxie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable effect proposal would have on the regularity or effectiveness of your postal services. 	s you believe the	
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	Other Comments Please provide any other views or information that you believe should consider in deciding whether to adopt the proposal.	eve the Postal	
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	additional comments, please add on a separate piece of paper and attach it to this for ank you for taking the time to complete this questionnaire.	orm.	
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ival	me:(please print your name)	_	
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a. Buying stamps	Please check the a	appropriate box to in	idicate whether	you use the Hoxie I	Post Office for each	of the follow
b. Mailing letters	Postal Services		Daily	Weekly	Monthly	Neve
c. Mailing parcels	a. Buying stamps		· 🗖		×	
d. Picking up Post Office box mail	b. Mailing letters		\boxtimes			
e. Buying money orders	c. Mailing parcels					
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No If yes, which of the following do you leave your community? (Check all that apply.) Where do you go to obtaservices? Shopping Personal needs Banking Employment	d. Picking up Post	Office box mail	Ø			
Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	e. Buying money	orders				
Gonfirmation	Certified mail, F	Registered mail, Inst	ired mail,			
Other postal services: a. Entering permit mailings Yes \ \ \ No \ \ \ b. Resetting/using postage meter Yes \ \ \ \ No \ \ \ \ Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes \ \ No \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		nation, or signature				
a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No If yes, which offices: For which of the following do you leave your community? (Check all that apply.) Where do you go to obtaservices? Shopping Where do you go to obtaservices Banking Employment Employment Employment Employment Employment Employment Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs No No	g. Sending Expres	ss Mail		Ø		
b. Resetting/using postage meter Yes No	Other postal serv	ices:				
Do you pass another Post Office or Station during business hours while traveling to or from work, or shop personal needs? Yes No No If yes, which offices: For which of the following do you leave your community? (Check all that apply.) Where do you go to obtaservices? Shopping Personal needs Banking Employment Employment	a. Entering permi	t mailings	Yes 🗹	No 🗌		
Personal needs? Yes No If yes, which offices: For which of the following do you leave your community? (Check all that apply.) Where do you go to obtaservices? Shopping Personal needs Banking Employment Employment The state of the following do you leave your community? (Check all that apply.) Where do you go to obtaservices?	b. Resetting/using	postage meter	Yes 🛚	No 🗆		
Shopping	personal needs?	Yes		No	8	
Shopping	For which of the fo					
Personal needs Banking Employment			Ohe			
Banking Employment					. ,	
Employment		П				
	· ·					
	Social needs					



_		DOCKETNO.	7243
		PAGE	268
4.	Do you currently use local businesses in the community?	***************************************	
	Yes \(\square\) No \(\square\)		
5.	If you now receive carrier delivery or post office box service from the Hoxie change to your delivery service. What would be your opinion about receiving station, which will provide the same mailing services and be located at the s	g service from a cla	vill be no assified
	Just as Good ☐ No Opinion ☐ Unfavorable ☐		
6.	Following are comments I wish to make concerning the proposed changes to the Ho	xie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable effects proposal would have on the regularity or effectiveness of your postal services. 	you believe the	
		•	
	II. Other Comments Please provide any other views or information that you belie	ve the Postal	
	Service should consider in deciding whether to adopt the proposal.		
	r additional comments, please add on a separate piece of paper and attach it to this fo ank you for taking the time to complete this questionnaire.	rm.	
Na	me:(please print your name)		
	(please print your name)		
Ad	dress:	_	
Tel	lephone number: Date:		



Please check the a	ppropriate box to i	ndicate whether yo	u use the Hoxie F	ost Office for each	of the following:
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps				X	
b. Mailing letters					
c. Mailing parcels				X	
d. Picking up Post	Office box mail				X
e. Buying money	orders		. 🔲		X
Delivery Confirm	ıl services, includin egistered mail, Ins nation, or Signature	ured mail,	П		X
Confirmation					
g. Sending Expres	s Mail	Ц	Ш	Ш	À
Other postal servi	ces:				
a. Entering permit	mailings	Yes 🗌	No 🗹		
b. Resetting/using	postage meter	Yes 🗌	No 🔀		
Do you pass another personal needs?	Yes	X	ess hours while tra	aveling to or from wo	ork, or shopping, o
For which of the fol services?	lowing do you leav	e your community?	' (Check all that a	pply.) Where do yo	u go to obtain the
Shopping	DUIAN IN	T RIDGE	- Jonesa	sko	
Personal needs	፟፟፟፟				
Banking					
Employment	Ø Zones	BoRo			
Social needs					



					DOCKETNO.	72433
					ITEM NO.	22-
4.	Do you currently use lo	cal businesses in the c	ommunity?		PAGE	269
	•	Yes □		No □	1.1	
5.	If you now receive ca change to your delive station, which will pro	ery service. What wo	ould be your opir	nion about receiv	ing service from a	will be no classified
	Just as Good	No Opinion 🗌	Unfavorable			
6.	Following are comment	s I wish to make conce	rning the propose	ed changes to the H	łoxie Post Office.	
		stal Services Describ re on the regularity or e				
	II Other Comments	Please provide any of	her views or infor	mation that you be	lieve the Postal	
	Service should con	sider in deciding whet	ner to adopt the p	roposal.		
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		•				
Fo Th	r additional comments, pl ank you for taking the tim	ease add on a separat e to complete this que	e piece of paper a stionnaire.	and attach it to this	form.	~
N۶	ıme.					;
140	me:(please print	your name)				
Ac	dress:					
	lenhone number:		Date:			



	ease check the appropriate box to indi-				or the following.
Po	ostal Services	Daily	Weekly	Monthly	Never
a.	Buying stamps				
b.	Mailing letters		×		
C.	Mailing parcels				Ø
d.	Picking up Post Office box mail				, X
e	Buying money orders				ŞĮ.
f.	Obtaining special services, including Certified mail, Registered mail, Insure Delivery Confirmation, or Signature	d mail,	_	□ Rose	ly -
	Confirmation	Ļ		□ Rare □ Rare	<i>F</i> LI
g.	Sending Express Mail			□ Kar	ely 🗅
Ot	her postal services:				
a.	Entering permit mailings	Yes 🗌	No 🗌		
b.	Resetting/using postage meter	Yes 🗌	No 🗌	·	
pe	you pass another Post Office or Static rsonal needs? Yes X res, which offices:		ss hours while traveli No \Box	ng to or from wor	k, or shopping, or for
3. For	r which of the following do you leave yourices?	our community?	(Check all that apply	v.) Where do you	go to obtain these
Sh	opping <u>Jones</u>	vous Par	ragould.	Pocohonte	re, Searcy, Walnuth
Pe	rsonal needs 🔲 <u>Same</u>	. 1			, , ,
Ba	nking 🗆 Walni	It Ridge	2		
Em	aployment 🗆 <u>Wal</u>	ut Rida	e)		
So	cial needs	V		,,,	



		DOCKETNO.	72433
		ITEM NO.	22
4.	Do you currently use local businesses in the community?	PAGE	270
	Yes ☐ No ☐		
5.	If you now receive carrier delivery or post office box service from the Hoxie F change to your delivery service. What would be your opinion about receiving station, which will provide the same mailing services and be located at the same	g service from a c	will be no lassified
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6.	Following are comments I wish to make concerning the proposed changes to the Hox	tie Post Office.	
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects proposal would have on the regularity or effectiveness of your postal services. We different gust the idea are past office, but back on if you can't afford it,	you believe the of losse your he	ng Igs
	II. Other Comments Please provide any other views or information that you believe	ve the Postal	
	Service should consider in deciding whether to adopt the proposal. I don't see the need far a because you are still doing	Chan the De	ge, me
	thing. Walnut Ridge is alway after that Hapie has	N Some	thing
	or additional comments, please add on a separate piece of paper and attach it to this fo lank you for taking the time to complete this questionnaire.	m.	
Na	ame:(please print your name)	_	
Αd	ldress:	_	
Те	elephone number: Date:		

many and the second second



١.	Please check the ap	propriate box to in	idicate whether y	ou use the noxie	Post Office for each	of the following.	
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps						
	b. Mailing letters						
	c. Mailing parcels					4	
	d. Picking up Post (Office box mail					A.
	e. Buying money o	rders				□ □ Dome	Times
	f. Obtaining special Certified mail, Re Delivery Confirma	services, including egistered mail, Insu ation, or Signature	ired mail,				
	Confirmation	_					
	g. Sending Express	Mail					
	Other postal servic		Yes □	No []			
	b. Resetting/using	postage meter	Yes □	No 🗓			
2.	Do you pass another personal needs?	r Post Office or Sta Yes			aveling to or from wo	ork, or shopping, or fo	r
	If yes, which offices:						
3.	For which of the follo services?	wing do you leave	your community	? (Check all that	apply.) Where do yo	u go to obtain these	
	Shopping	- Jour	Esbaro,			<u>.</u>	
	Personal needs	- Dal	// // // // // // // // // // // // //	re Hot	عن		
	Banking	- Klea	lout 10	idge			
	Employment	1 Ketir	ed	<i>U</i>			
	Social needs	- Jon	esboio				
		5 /					



		DOCKETNO.	72433
		ITEM NO.	9.7
4.	Do you currently use local businesses in the community?	PAGE	ગા
	Yes No 🗀		
5.	If you now receive carrier delivery or post office box service from the Echange to your delivery service. What would be your opinion about restation, which will provide the same mailing services and be located at	ceiving service from a	
	Just as Good No Opinion Unfavorable		
6.	Following are comments I wish to make concerning the proposed changes to t	the Hoxie Post Office.	
	Effect on Your Postal Services Describe any favorable or unfavorable or proposal would have on the regularity or effectiveness of your postal services.	effects you believe the ices.	
	II. Other Comments Please provide any other views or information that you Service should consider in deciding whether to adopt the proposal.	u believe the Postal	
	••		
	r additional comments, please add on a separate piece of paper and attach it to ank you for taking the time to complete this questionnaire.	this form.	
Ne	me:		•
ina	me:(please print your name)		
Ad	dress:		
Te	lephone number: Date:		



a. Buying stamps	b. Mailing letters	Postal Services	3	Daily	Weekly	Monthly	Neve
c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail	c. Mailing parcels d. Picking up Post Office box mail e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shoppersonal needs? Yes No If yes, which offices. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain the post of the following do you go to obtain the post of the following do you go to obtain the post of the following do you leave your community? (Check all that apply.) Where do you go to obtain the post of the following do you go to obtain the post of the following do you leave your community? (Check all that apply.) Where do you go to obtain the post of the following do you go to obtain the post of the following do you leave your community? (Check all that apply.) Where do you go to obtain the post of the following do you go to obtain the post of the following do you leave your community? (Check all that apply.)	a. Buying stamp	os .		\nearrow		
d. Picking up Post Office box mail	d. Picking up Post Office box mail	b. Mailing letters	S		×		
e. Buying money orders	e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings b. Resetting/using postage meter Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shoppersonal needs? Yes No If yes, which offices. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain the state of the sta	c. Mailing parce	ls			X	
f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail	f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shoppersonal needs? Yes No If yes, which offices. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain the property of the prop	d. Picking up Po	ost Office box mail				X
Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation G. Sending Express Mail	Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	e. Buying mone	ey orders			→	
Other postal services:	Other postal services: a. Entering permit mailings Yes No Do you pass another Post Office or Station during business hours while traveling to or from work, or shoppersonal needs? Yes No If yes, which offices. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain the post of the following do you go to obtain the post of the following do you go to obtain the post of the following do you leave your community? (Check all that apply.) Where do you go to obtain the post of the following do you go to obtain the post of the following do you leave your community? (Check all that apply.) Where do you go to obtain the post of the following do you go to obtain the post of the following do you go to obtain the post of the following do you leave your community? (Check all that apply.)	Certified mail Delivery Conf	, Registered mail, Insui	red mail,	. 🗆		×
_	a. Entering permit mailings Yes No No Do you pass another Post Office or Station during business hours while traveling to or from work, or short personal needs? Yes No If yes, which offices. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain the following do you go to obtain the follo	g. Sending Expr	ess Mail				X
b. Resetting/using postage meter Yes No No Do you pass another Post Office or Station during business hours while traveling to or from work, or sho personal needs? No No No		a. Entering period. b. Resetting/usi Do you pass and personal needs?	mit mailings ing postage meter other Post Office or Sta Yes	Yes tion during busi	No No No	aveling to or from wo	ork, or shopp
Shopping M Wolnet Ridge			D Wa	1 -00	- 7		
Shopping X Walture 1800	2				- 70		
Personal needs Rudhill Ridge	Personal needs Rudhul Ridge	23.11.119	Possi	1 0			
Shopping De Courte Court	Personal needs Banking Docale - 1	Employment	X PUCC	いのいたべく			



		DOCKETNO.	72433
4.	Do you currently use local businesses in the community?	ITEM NO. PAGE	272
	Yes ☐ No ☐	FAGE	
5.	If you now receive carrier delivery or post office box service from the Hoxie change to your delivery service. What would be your opinion about receivir station, which will provide the same mailing services and be located at the services.	ig service from a cla	
	Just as Good ☐ No Opinion ☐ Unfavorable ☐		·
6.	Following are comments I wish to make concerning the proposed changes to the Ho	xie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable effects proposal would have on the regularity or effectiveness of your postal services. 	s you believe the	
	II. Other Comments Please provide any other views or information that you belie Service should consider in deciding whether to adopt the proposal.	ve the Postal	
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	additional comments, please add on a separate piece of paper and attach it to this found for taking the time to complete this questionnaire.	m.	
Nai	me:(please print your name)	_	
Add	dress:	_	•
Tel	ephone number: Date:		



1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the fol					of the following:
	Postal Services	Daily	Weekly	Monthly	Never
	a. Buying stamps			×	
	b. Mailing letters				×
	c. Mailing parcels				×
	d. Picking up Post Office box mail				X X
	e. Buying money orders				X
	f. Obtaining special services, including Certified mail, Registered mail, Insu Delivery Confirmation, or Signature Confirmation g. Sending Express Mail	ired mail,		X	
	g. Dending Express Maii		U		A
	Other postal services:				
	a. Entering permit mailings	Yes 🗌	No X		
	b. Resetting/using postage meter	Yes 🗌	No 🔀		
2.	Do you pass another Post Office or Sta personal needs?	\searrow	ness hours while tra		rk, or shopping, or fo
	If yes, which offices: Walnut Ridg	e & Sel	lguick		
3.	Banking	shoro	y? (Check all that ap		u go to obtain these
	\\	<u> </u>			



		DOCKETNO.	724
4.	Do you currently use local businesses in the community?	ITEM NO. PAGE	27 273
	Yes □ No □	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	163		
5.	If you now receive carrier delivery or post office box service from the Hox change to your delivery service. What would be your opinion about rece station, which will provide the same mailing services and be located at the	iving service from a classif	e no ied
	Just as Good ☐ No Opinion ☐ Unfavorable ☐		
6.	Following are comments I wish to make concerning the proposed changes to the	Hoxie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable effectiveness of your postal service 	ects you believe the s.	
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	Discounties and a substitute of information that you have	oliovo the Postal	
	II. Other Comments Please provide any other views or information that you be Service should consider in deciding whether to adopt the proposal.	elleve tile rostal	
		at .	
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Fo Th	or additional comments, please add on a separate piece of paper and attach it to the tank you for taking the time to complete this questionnaire.	is form.	
Na	ame:(please print your name)		
Ad	ddress:		
Te	elephone number: Date:		



Dontol Combon	ъ ч	187 11		
Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps			Ø	
b. Mailing letters		[A		
c. Mailing parcels			S	
d. Picking up Post Office box ma	il 🗆			Y .
e. Buying money orders			. 🗆) De la companya de l
f. Obtaining special services, incl Certified mail, Registered mail Delivery Confirmation, or Signa	, Insured mail, ature			
Confirmation			□ _	
g. Sending Express Mail				M
Other postal services:				
a. Entering permit mailings	Yes 🗌	No 🔯		
b. Resetting/using postage mete	r Yes 🗌	No 🔯		
Do you pass another Post Office of personal needs? If yes, which offices:	Yes 🏋	No]		
The Section Se				
For which of the following do you l services?				u go to obtain the
Shopping 🗵 🕸	where a		trés mes	
Personal needs 🗵 🗀	cothy Wal	nut Riedy ?	J almost	
Banking 🗵 🔼	ent Ri	Lgu II.		
		<i>-</i>	*	
Employment 🔣 📣	<u> </u>			



		DOCKETNO.	72433
		ITEM NO.	22
4.	Do you currently use local businesses in the community?	PAGE	294
	Yes □ No [
5.	If you now receive carrier delivery or post office box service from the change to your delivery service. What would be your opinion about station, which will provide the same mailing services and be located	receiving service from a cl	will be no assified
	Just as Good No Opinion Unfavorable		,
6.	Following are comments I wish to make concerning the proposed changes	to the Hoxie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable proposal would have on the regularity or effectiveness of your postal services. 	le effects you believe the ervices.	
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	Service should consider in deciding whether to adopt the proposal.	•	
		ν·	
Fo:	or additional comments, please add on a separate piece of paper and attach it eank you for taking the time to complete this questionnaire.	to this form.	
Na	ame:		
, ,,,	ame:(please print your name)		
Ad	ldress:	and the second of the second o	
Te	elephone number: Date:		



Social needs

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following: **Postal Services** Daily Weekly Monthly Never a. Buying stamps П b. Mailing letters c. Mailing parcels П d. Picking up Post Office box mail e. Buying money orders П f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: a. Entering permit mailings Yes b. Resetting/using postage meter Yes 🗌 2. Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes \square If yes, which offices: For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping Personal needs Banking **Employment**



		DOCKETNO. ITEM NO.	72433
4.	Do you currently use local businesses in the community?	PAGE	275
	Yes 🗌 No 🗌		
5.	If you now receive carrier delivery or post office box service from the Hoxie I change to your delivery service. What would be your opinion about receivin station, which will provide the same mailing services and be located at the s	g service from a c	will be no lassified
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6.	Following are comments I wish to make concerning the proposed changes to the Ho	xie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable effects proposal would have on the regularity or effectiveness of your postal services. 	you believe the	
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	II. Other Comments Please provide any other views or information that you belie Service should consider in deciding whether to adopt the proposal.	ve the Postal	
Fo Th	or additional comments, please add on a separate piece of paper and attach it to this for eank you for taking the time to complete this questionnaire.	rm.	
Na	ame:(please print your name)		
Ac	idress:		
Te	elephone number: Date:		



Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps				Δ	
b. Mailing letters	•				
c. Mailing parcels					
d. Picking up Pos	t Office box mail				
e. Buying money	orders				
	al services, includir Registered mail, Ins mation, or Signatur	sured mail,	П	П	
g. Sending Expres	se Mail	_	_		
g. Sending Expres	SS Mail	Ц			لحل
Other postal serv	ices:				
a. Entering permi	t mailings	Yes 🗌	No 🗓		
b. Resetting/using	postage meter	Yes 🗀	No 🞵		
Do you pass anoth personal needs?		tation during bus	iness hours while trav	<u> </u>	rk, or shoppir
If yes, which offices	3:				
				·	
For which of the fol services?	lowing do you leav	e your communit	y? (Check all that ap	oply.) Where do you	ı go to obtain
Shopping					
Personal needs					
Banking					
Employment					·
Social needs					



				DOCKETNO.	_72433
				ITEM NO.	32
4.	Do you currently use local businesses in the	e community?		PAGE	276
	Yes 🗌		No 🗆		
5.	If you now receive carrier delivery or po change to your delivery service. What station, which will provide the same ma	would be your op	oinìon about receivir	ng service from a cla	rill be no assified
	Just as Good	Unfavorabl	е		
6.	Following are comments I wish to make cor	ncerning the propos	sed changes to the Ho	oxie Post Office.	
	Effect on Your Postal Services Description proposal would have on the regularity of	cribe any favorable or effectiveness of	or unfavorable effects your postal services.	s you believe the	
	II. Other Comments Please provide any Service should consider in deciding wh			eve the Postal	
For Tha	r additional comments, please add on a sepa ank you for taking the time to complete this q	rate piece of paper uestionnaire.	and attach it to this fo	orm.	
Na	me:(please print your name)			_	
	dress:ephone number:				



Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps			√	
b. Mailing letters				
c. Mailing parcels				
d. Picking up Post Office box mai	ı 🗹			
e. Buying money orders				otal
 Obtaining special services, inclu Certified mail, Registered mail, Delivery Confirmation, or Signa Confirmation Sending Express Mail 	Insured mail,			
,	<u></u>	_	₩	
Other postal services:		_		
a. Entering permit mailings	Yes 🗌	No 🖢		
Entering permit mailings Resetting/using postage meter		No D		
o. Resetting/using postage meter Oo you pass another Post Office opersonal needs?	Yes 🗆	No D		rk, or shopp
o. Resetting/using postage meter Do you pass another Post Office opersonal needs?	Yes Yes Yes Yes Yes	No Diness hours while tra		rk, or shoppi
o. Resetting/using postage meter Do you pass another Post Office opersonal needs?	Yes Yes Yes Yes Yes	No Diness hours while tra		rk, or shoppi
o. Resetting/using postage meter Do you pass another Post Office opersonal needs?	Yes ☐ or Station during busi Yes ☐	No Diness hours while tra		
o. Resetting/using postage meter Do you pass another Post Office of personal needs? If yes, which offices:	Yes ☐ or Station during busi Yes ☐	No Diness hours while tra		
o. Resetting/using postage meter Do you pass another Post Office of personal needs? If yes, which offices: For which of the following do you leed to be envices?	Yes ☐ or Station during busi Yes ☐	No Diness hours while tra		
Do you pass another Post Office of personal needs? Fyes, which offices: For which of the following do you leevices?	Yes The Station during busing the Station during busing the Station during busing the Station during busing the Station during busing the Station during the Station duri	No Diness hours while tra		· · · · · · · · · · · · · · · · · · ·
o. Resetting/using postage meter Do you pass another Post Office of personal needs? Fyes, which offices: For which of the following do you le ervices? Shopping	Yes The Station during busing the Station during busing the Station during busing the Station during busing the Station during busing the Station during the Station duri	No Diness hours while tra		· · · · · · · · · · · · · · · · · · ·



		DOCKETNO.	72433
		ITEM NO.	27
4.	Do you currently use local businesses in the community?	PAGE	277
	Yes □ No □		
5.	If you now receive carrier delivery or post office box service from the Hoxie change to your delivery service. What would be your opinion about receivi station, which will provide the same mailing services and be located at the	ng service from a c	will be no lassified
	Just as Good No Opinion Unfavorable		
6.	Following are comments I wish to make concerning the proposed changes to the H	oxie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable effectiveness of your postal services. 	ts you believe the	
	II. Other Comments Please provide any other views or information that you bel Service should consider in deciding whether to adopt the proposal.	ieve the Postal	
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Fo Th	or additional comments, please add on a separate piece of paper and attach it to this nank you for taking the time to complete this questionnaire.	form.	
Na	ame:(please print your лаme)		
	idress:		
Τe	elephone number: Date:		



Please check the	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
Postal Services		Daily	Weekly	Monthly	Never		
a. Buying stamps	i						
b. Mailing letters					V		
c. Mailing parcels	:		· 🗆				
d. Picking up Pos	t Office box mail						
e. Buying money	orders						
Certified mail, I	al services, includin Registered mail, Ins mation, or Signature	ured mail,					
g. Sending Expre	ss Mail				∇		
Other postal serval. a. Entering perm b. Resetting/usin	it mailings	Yes □	No D				
Do you pass anoth personal needs? If yes, which office	Yes	/	ess hours while trav No E H. Yidg L. W. Alur	reling to or from wo	rk, or shopping, o		
services?	/ landar M. A.						
Shopping	To your	vous 4VIRI	VIVA (W)				
Personal needs	<u> </u>						
Banking							
Employment		<u> </u>					
Social needs							



		DOCKETNO.	72
4.	Do you currently use local businesses in the community?	ITEM NO. PAGE	2
4.			
•	Yes No No		
5.	If you now receive carrier delivery or post office box service from the Hochange to your delivery service. What would be your opinion about recestation, which will provide the same mailing services and be located at	eiving service from a clas	be no sified
	Just as Good ☐ No Opinion ☐ Unfavorable ☐		
6.	Following are comments I wish to make concerning the proposed changes to the	e Hoxie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable e proposal would have on the regularity or effectiveness of your postal services. 	ffects you believe the ces.	
		•	
	II. Other Comments Please provide any other views or information that you Service should consider in deciding whether to adopt the proposal.	believe the Postal	
Fo Th	or additional comments, please add on a separate piece of paper and attach it to to an an additional reason the time to complete this questionnaire.	his form.	
Na	ame		
140	ame:(please print your name)		
Ad	ddress:	· .	
Te	elephone number: Date:		



Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:					
Postal Services	Daily	Weekly	Monthly	Never	
a. Buying stamps		1			
b. Mailing letters		Ø-			
c. Mailing parcels		A			
d. Picking up Post Office box mail					
e. Buying money orders				W	
f. Obtaining special services, include Certified mail, Registered mail, In Delivery Confirmation, or Signatu Confirmation	nsured mail,			Ď	
g. Sending Express Mail			Ø		
Other postal services:		•			
a. Entering permit mailings	Yes 🔲	No 🗓			
b. Resetting/using postage meter	Yes 🗌	No 🔀			
· ·	es 🗌	No	Á		
If yes, which offices:					
For which of the following do you least services?	ive your communi	ty? (Check all that a	oply.) Where do you	u go to obtain t	
Shopping Dullan	Diwal-1	nast			
Personal needs 🗹 Wal	mart	pamil	dollar		
Banking Dull	- Autle	ico)		
Employment	abled	0			
Social needs					

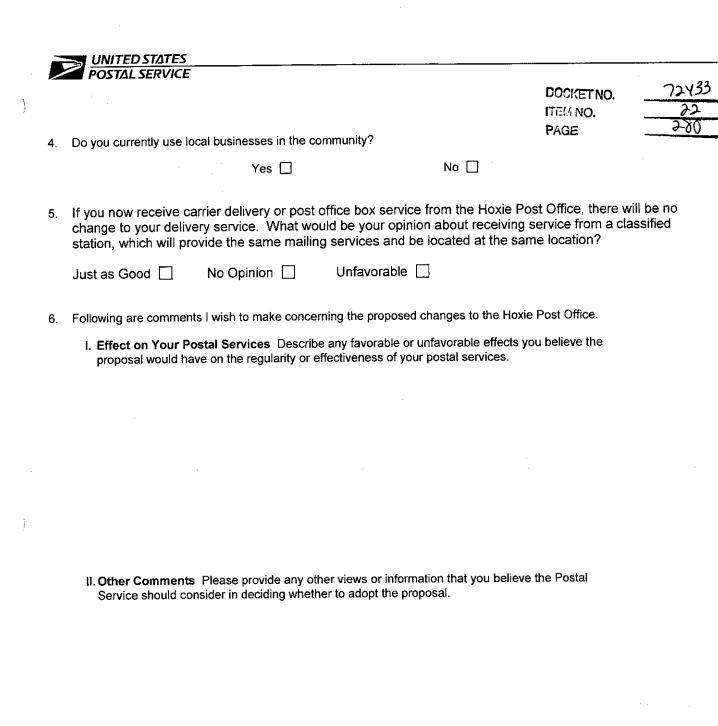


Yes No			DOCKETNO.	72435
Yes No				279
5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable 6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office. 1. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. 11. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. (please print your name) Address:	4.	Do you currently use local businesses in the community?	PAGE	
change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Just as Good No Opinion Unfavorable 6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office. 1. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. Name:		Yes □ No □		
6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office. 1. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. 11. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. Name:	5.	change to your delivery service. What would be your opinion about	receiving service from a c	will be no classified
I. Effect on Your Postal Services. Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. Name:		Just as Good No Opinion Unfavorable		
II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. Name:	6.	Following are comments I wish to make concerning the proposed changes t	o the Hoxie Post Office.	•
Service should consider in deciding whether to adopt the proposal. For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. Name:		 Effect on Your Postal Services Describe any favorable or unfavorable proposal would have on the regularity or effectiveness of your postal se 	e effects you believe the ervices.	
Service should consider in deciding whether to adopt the proposal. For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. Name:				
Service should consider in deciding whether to adopt the proposal. For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. Name:				
Service should consider in deciding whether to adopt the proposal. For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. Name:				
For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. Name:		II. Other Comments Please provide any other views or information that y Service should consider in deciding whether to adopt the proposal.	ou believe the Postal	
Name:(please print your name) Address:				
Name:(please print your name) Address:				
Name:(please print your name) Address:				
Name:(please print your name) Address:				
Name:(please print your name) Address:				
Address:	Fo Th:	or additional comments, please add on a separate piece of paper and attach it eank you for taking the time to complete this questionnaire.	to this form.	
Address:	Na	ame:		



1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
	Postal Services	Daily	Weekly	Monthly	Never			
	a. Buying stamps				Ø			
	b. Mailing letters			D/				
	c. Mailing parcels				Ø			
	d. Picking up Post Office box mail							
	e. Buying money orders							
	 f. Obtaining special services, includin Certified mail, Registered mail, Ins Delivery Confirmation, or Signature Confirmation 	ured mail,			œ /			
	g. Sending Express Mail	. \square			<u>u</u>			
	Other postal services:							
	a. Entering permit mailings	Yes 🗌	No □⁄					
	b. Resetting/using postage meter	Yes 🗌	No 🕡					
2.	Do you pass another Post Office or St personal needs?		iness hours while tra		rk, or shopping, or fo			
	If yes, which offices: Walnut R	dan						
	Tyos, Which offices. Office 14	0						

3.	For which of the following do you leave services?	your communit	y? (Check all that ap	pply.) Where do you	ı go to obtain these			
	Shopping \(\frac{\frac{1}{2000} \lambda_0}{\frac{1}{2000}} \)	opping Decahortas Al or Janoshoro, A.R						
	Personal needs		-		· ·			
	Banking							
	Employment F Walnut	t Kidge						
	Social needs	V						



For additional comments, please add on a separate piece of paper and attach it to this form.



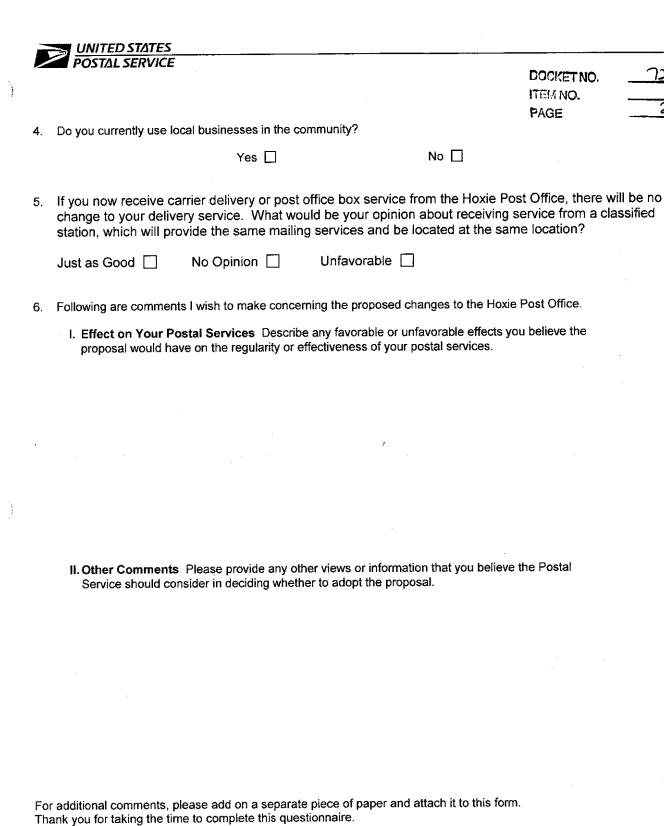
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps				Á	
b. Mailing letters		粒			
c. Mailing parcels				X	
d. Picking up Post O	ffice box mail	X			
e. Buying money or	ders				赵
f. Obtaining special s Certified mail, Reg Delivery Confirmation	gistered mail, Ins	ured mail,	_	. /	
Confirmation				Ø,	
g. Sending Express I	Mail			À	
Other postal service	es:		,		
a. Entering permit m	ailings	Yes 🗌	No 🗵		
b. Resetting/using p	ostage meter	Yes 🗌	No 🛕		
Do you pass another personal needs?	Post Office or St Yes		iness hours while tra	4 /	rk, or shoppi
If yes, which offices:		<u></u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	·
For which of the follow services?	ving do you leave	e your communi	ty? (Check all that a	pply.) Where do you	u go to obtai
Shopping	X Jane	storo			
Personal needs	X Jana	storo			
Banking					
Employment					
Social needs	П			-free	



					DOCKETNO.	7
					ITEM NO. PAGÉ	
4.	Do you currently use lo	ocal businesses in the c	ommunity?		AGE	
		Yes 🗌		No 🗌		
	and the second	•				
5.	change to your deliv	arrier delivery or post ery service. What wo ovide the same mailir	ould be your opini	on about receivin	Post Office, there will be g service from a classi ame location?	e no fied
	Just as Good	No Opinion	Unfavorable			
6.	Following are commen	its I wish to make conce	rning the proposed	changes to the Ho	xie Post Office.	
	I. Effect on Your Poproposal would ha	ostal Services Describ ave on the regularity or e	e any favorable or effectiveness of you	unfavorable effects ır postal services.	you believe the	
			•			
	e e ,				•	
					•	
	II. Other Comments Service should co	s Please provide any ot insider in deciding wheth	her views or inform her to adopt the pro	ation that you belie	ve the Postal	
		•				
				•		
Fo Th	r additional comments, p ank you for taking the til	please add on a separat me to complete this que	e piece of paper ar stionnaire.	nd attach it to this fo	orm.	
Na	me:(nlease prin	t your name)			_	
	and the second second					
Ad	dress:					
Τρ	lenhone number		Date:			



1.	. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:						
	Postal Services		Daily	Weekly	Monthly	Never	
	a. Buying stamps						
	b. Mailing letters						
	c. Mailing parcels						
	d. Picking up Post C	Office box mail				T	
	e. Buying money or	rders				₽ ····································	
		gistered mail, Insul ation, or Signature	red mail,				
	Other postal servic	es:				the contract	
	a. Entering permit n	nailings	Yes 🗌	No. 🗹			
	b. Resetting/using p	oostage meter	Yes 🗌	No 🗔			
2.	Do you pass another personal needs? If yes, which offices:	Post Office or Star	/	No [veling to or from wor	k, or shopping, or for	
3.	For which of the follo services?	wing do you leave	your community?	(Check all that ap	ply.) Where do you	go to obtain these	
	Shopping	O JON	leshal	10 AM	<u> </u>		
	Personal needs			oro A	<u>R-</u>	75	
	Banking	_			Hoxie	HR.	
	Employment	- Wall	NUT 1	11dGF	AR,	1 160 1200	KU
	Social needs	- WOLN	FUTRIAC	Ze gión	restand,	hottle Roc	17 /7



Date: _____

(please print your name)

Telephone number: ______



Postal Services	Daily	Weekly	Monthly	Neve			
a. Buying stamps		Ø					
b. Mailing letters	2						
c. Mailing parcels							
d. Picking up Post Office box r	mail 🙋						
e. Buying money orders				4			
f. Obtaining special services, in Certified mail, Registered m Delivery Confirmation, or Signature	ail, Insured mail,						
Confirmation			Ø				
g. Sending Express Mail							
Other postal services: a. Entering permit mailings	Yes □	No date					
b. Resetting/using postage me		No (@e No Ø∑					
Do you pass another Post Offic personal needs?	e or Station during bus Yes □	iness hours while tra	_	rk, or shopp			
If we which offices		(
				·			
For which of the following do yo services?	*		pply.) Where do you	go to obtai			
hopping Walnut Rige							
Personal needs	1 dayie						
Banking	tapit b	Walnut	'Orgi				
Employment	Harie						

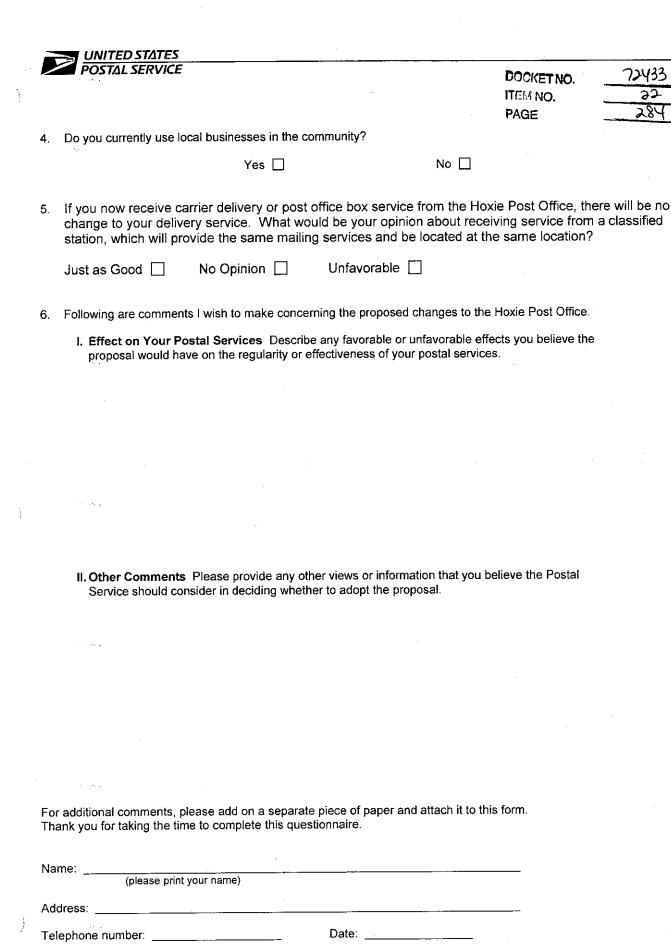


DOCKETNO. ITEM NO. PAGE 72433 22 283

				PAGE	9
4.	Do you currently use	local businesses in the com	munity?		
		Yes □	No []	
5.	change to your deli	verv service. What woul	fice box service from the d be your opinion about a services and be located	receiving service from a	e will be no classified
	Just as Good	No Opinion 🔲	Unfavorable		
3.	Following are comme	nts I wish to make concern	ng the proposed changes to	o the Hoxie Post Office.	
	Effect on Your I proposal would h	Postal Services Describe and the regularity or effective on the regularity or effective or	any favorable or unfavorabl ectiveness of your postal se	e effects you believe the rvices.	
					·
				•	
			·		
	II. Other Commen Service should o	ts Please provide any othe onsider in deciding whethe	r views or information that y to adopt the proposal.	you believe the Postal	
•					
Fo Th	additional comments, ank you for taking the t	please add on a separate ime to complete this questi	piece of paper and attach it onnaire.	to this form.	
Na	me:	nt your name)		.	•
	•				
	ephone number:		Date:		



1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each						
Postal Services	Daily	Weekly	Monthly	Never		
a. Buying stamps	· 🗀		M			
b. Mailing letters		(X)				
c. Mailing parcels						
d. Picking up Post Office box ma	ail 🗌					
e. Buying money orders						
 f. Obtaining special services, inc Certified mail, Registered mail Delivery Confirmation, or Sign Confirmation 	l, Insured mail,			. 🗀		
g. Sending Express Mail						
a. Entering permit mailingsb. Resetting/using postage meterDo you pass another Post Office personal needs?	_	No ☐ No ☐ siness hours while tra		rk, or shopping, or		
If yes, which offices:						
	leave your communi					
Shopping						
Personal needs				<u> </u>		
Banking				 		
Employment			· · · · · · · · · · · · · · · · · · ·			
Social needs						





1.	Please check the a	eck the appropriate box to indicate whether you use the Hoxie Post Office				ice for each of the following:		
	Postal Services		Daily	Weekly	Monthly	Never		
	a. Buying stamps				র			
	b. Mailing letters			\square				
	c. Mailing parcels					Q		
	d. Picking up Post	Office box mail				図		
	e. Buying money o	orders				☑		
		l services, includir egistered mail, Ins ation, or Signatur	sured mail,			∀ ····		
	g. Sending Express	s Mail				_ _		
	Other postal service a. Entering permit b. Resetting/using	mailings	Yes □ Yes □	No 🗹				
2.	personal needs?	Yes		No [rk, or shopping, or for		
	If yes, which offices		·	·				
3.	For which of the folloservices?	owing do you leav	e your communit	y? (Check all that a	oply.) Where do you	u go to obtain these		
	Shopping	₫ Jones	boro, AR					
	Personal needs							
	Banking							
	Employment	of Jones	sboro, A	,R		· ·		
	Social needs							

	POSTAL SERVICE	4			DOCKETNO. ITEM NO. PAGE	1243 23 285
ļ.	Do you currently use lo	cal businesses in the	community?			
		Yes 🔽		No 🗌		
5.		ery service. What we	ould be your op	inion about rec	oxie Post Office, there verving service from a clathe same location?	
	Just as Good	No Opinion	Unfavorabl	e 🗹		
	Following are comment	ts I wish to make conce	erning the propos	ed changes to the	ne Hoxie Post Office.	
		ostal Services Describ ve on the regularity or				
	• •					
		•				
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				•		
		Please provide any of sider in deciding wheth			believe the Postal	
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	٠.					
or	r additional comments, pl ank you for taking the tim	ease add on a separat e to complete this que:	e piece of paper stionnaire.	and attach it to t	his form.	
۷aı	me:(please print)					
Add	dress:					



1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following: Weekly **Postal Services** Daily Monthly Never a. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Office box mail П e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation \Box g. Sending Express Mail Other postal services: a. Entering permit mailings Yes 🗌 b. Resetting/using postage meter Yes 🗌 No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes No 🗹 If yes, which offices: For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping Personal needs Banking Employment Spcial needs



		DOCKETNO.	724:
4.	Do you currently use local businesses in the community?	PAGE	286
	Yes ♥ No □		•
5.	If you now receive carrier delivery or post office box service from the Hoxie change to your delivery service. What would be your opinion about receivi station, which will provide the same mailing services and be located at the	ng service from a cla	vill be no assified
	Just as Good ☐ No Opinion ☐ Unfavorable ☑		
6.	Following are comments I wish to make concerning the proposed changes to the H	oxie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable effect proposal would have on the regularity or effectiveness of your postal services. 		
	You said there would be no effect, so wh	4	
	proposal would have on the regularity or effectiveness of your postal services. You said there would be no effect, so who should I have questions.		
		•	
	II. Other Comments Please provide any other views or information that you belief Service should consider in deciding whether to adopt the proposal.	eve the Postal	
	•		
		•	
	additional comments, please add on a separate piece of paper and attach it to this for ank you for taking the time to complete this questionnaire.	orm.	÷
Na	mo!		
ING	me: (please print your name)	*	
Add	dress:		
	ephone number: Date:		



Postal Services		Daily	W	eekly	Mont	hly	Never
a. Buying stamps					Y	1	
b. Mailing letters]	a
c. Mailing parcels	c. Mailing parcels]	
d. Picking up Post	Office box mail]	<u>a</u>
e. Buying money o	orders					Ì	Ø
	l services, includin egistered mail, Ins ation, or Signature	ured mail,		П			
g. Sending Express	s Mail						
Other postal servi	ces:			/			
a. Entering permit mailings		Yes 🗌	No	Ø,			•
b. Resetting/using	postage meter	Yes 🗌	No				
Do you pass anothe personal needs? If yes, which offices	Yes	. 🗆		No	Ø		
If yes, which offices	:						
For which of the foll services?	owing do you leav	e your communit	ty? (Ched	ck all that a	ipply.) Whe	re do you	go to obta
Shopping	<u> </u>						
Personal needs							
Banking			у		, ,		
Employment							
	/						



4	Demonstration				DOCKETNO. ITEM NO.	72 yzz 22 287
4.	Do you currently use local	businesses in the c	ommunity?		PAGE	207
		Yes 🗌		No 🛱		
5.	If you now receive carrie change to your delivery station, which will provide	service. What wo	uld be your opinion	about receiving	a service from a class	be no sified
	Just as Good \(\bigcap \)	o Opinion 🔲	Unfavorable 🔀			
6.	Following are comments I w	rish to make concer	rning the proposed ch	anges to the Ho	rie Post Office.	
	Effect on Your Postal proposal would have or	Services Describent the regularity or e	e any favorable or unf ffectiveness of your p	avorable effects ostal services.	you believe the	
					·	
					·	
	II. Other Comments Plea Service should consider	ase provide any other in deciding whether	er views or information er to adopt the propos	n that you believ al.	e the Postal	
	There ho	n alvia Ridge o	ys been	- a 97	rudge be	Husen
	adopting	This P	roposal	is a	good ide	Q v
	:		,			
		¢				
For a Than	dditional comments, please k you for taking the time to c	add on a separate p omplete this question	piece of paper and att onnaire.	ach it to this form	n.	
Name	e:					
	e:(please print your na	ame)				
Addre	9ss:	·		·		
Telep	hone number:		Date:			



	Postal Services		Mookly	Monthly	of the following	
		Daily —	Weekly		Never	
a. Buying stamps				Z		
b. Mailing letters		. 🗆		Ø.		
c. Mailing parcels				A		
d. Picking up Post	Office box mail	#				
e. Buying money o	orders				Þ	
	l services, including egistered mail, Insu nation, or Signature			,		
Confirmation	idion, or orginatoro			Ø		
g. Sending Express	s Mail				×	
Other postal servi	ces:			÷		
a. Entering permit	mailings	Yes 🗌	No 🖄			
b. Resetting/using	postage meter	Yes 🗌	No 🗹			
personal needs?	Yes		iness hours while tra	Á		
	<u> </u>					
•						
	owing do you leave	your communit	ty? (Check all that a			
For which of the foll	owing do you leave		ty? (Check all that a			
For which of the foll services?	lowing do you leave	your communit	ty? (Check all that a			
For which of the foll services?	lowing do you leave	your communit	ty? (Check all that a			
For which of the foll services? Shopping Personal needs	dowing do you leave	your communit	ty? (Check all that a			



DOCKETNO. 72433
ITEM NO. 288-

4. Do you currently use local businesses in the community?

Yes 🗵

No 🗌

5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?

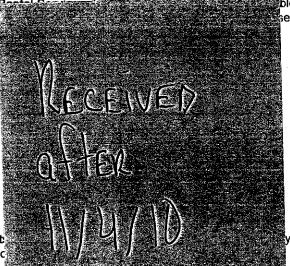
Just as Good 🔲

No Opinion

Unfavorable

6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.

I. Effect on Your proposal would



ble effects you believe the services.

II. Other Comment
Service should co

vou believe the Postal

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

N1----

J/C 17/74 (

14130 8 20

1- 409 FloxicA1 7242

Telephone number: <u>637-7736</u>

Date: // ////////



Social needs

DOCKETNO.	72433
ITEM NO.	22
PAGE	288-2

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following: **Postal Services** Daily Weekly Monthly Never a. Buying stamps П 1 b. Mailing letters П П c. Mailing parcels d. Picking up Post Office box mail \square e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail. Delivery Confirmation, or Signature Confirmation H g. Sending Express Mail P Other postal services: a. Entering permit mailings Yes □ No \Box b. Resetting/using postage meter Yes 🗌 No " Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes 🗌 If yes, which offices: For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping Personal needs Banking **Employment**



 DOCKETNO.
 72433

 ITEM NO.
 22

 PAGE
 287

4.	Do you currently use local businesses in the community?
	Yes No 🗆
5.	If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location?
	Just as Good ☑ No Opinion ☐ Unfavorable ☐
3.	Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office.
	I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. If there will be no difference what is thus all about?

II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

None

For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Name:

(please print your name)

Address

Lawrence, Horse ar

Telephone number: <u>870-886-2146</u>

Date: 1/-8-10



Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps				
b. Mailing letters			<u> </u>	
c. Mailing parcels				Ď
d. Picking up Post Office box mai	i 🗆			
e. Buying money orders				点
 f. Obtaining special services, incl Certified mail, Registered mail, Delivery Confirmation, or Signa 	Insured mail, ature		-	'~ '
Confirmation	Ц			بالار
g. Sending Express Mail				风
Other postal services:				
a. Entering permit mailings	Yes 🗌	No 💢		
b. Resetting/using postage mete	r Yes 🗌	No 💢		
	Yes X mut Rid	no ge ar.		
For which of the following do you l services?			pply.) Where do yo	u go tò obta
Shopping Shopping	me tou	ns	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Personal needs □	llar Sto	orest u	Jalmer	<u> </u>
Banking	expert w	about 1	Ridge	4-
Employment \square \bigwedge e	tired		•	
Social needs				



			DOCKETNO. ITEL4 NO.	72433
4.	Do you currently use local businesses in the community?		PAGE	290
	Yes 🗹	No 🗀 .		
5.	If you now receive carrier delivery or post office box change to your delivery service. What would be you station, which will provide the same mailing services	ır opinion about receiv	ring service from a cla	vill be no assified
	Just as Good ☐ No Opinion ☐ Unfavo	rable 🗹		
6.	Following are comments I wish to make concerning the pro-	oposed changes to the H	loxie Post Office.	
	 Effect on Your Postal Services Describe any favora proposal would have on the regularity or effectiveness 	able or unfavorable effects of your postal services.	cts you believe the	
	II. Other Comments Please provide any other views or Service should consider in deciding whether to adopt to	information that you bel he proposal.	ieve the Postal	
			•	
For Tha	additional comments, please add on a separate piece of pank you for taking the time to complete this questionnaire.	per and attach it to this f	form.	
Nan	(please print your name)	7 7211 73		
	ress: 93 Hwy. 228 Hoxie, Ak	1-5-11		•



 Please check the a 	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
Postal Services		Daily	Weekly	Monthly	Never			
a. Buying stamps				Ø				
b. Mailing letters								
c. Mailing parcels								
d. Picking up Post	Office box mail							
e. Buying money	orders							
	tegistered mail, Ins nation, or Signature	sured mail,						
Other postal serv	ices:		,	•				
a. Entering permi	t mailings	Yes 🗌	No ☑					
b. Resetting/using	postage meter	Yes 🗌	No 🗹					
Do you pass anoth personal needs?	Do you pass another Post Office or St personal needs?			traveling to or from wo	ork, or shopping, or			
•	If yes, which offices:							
For which of the fo services?	llowing do you leav	ve your communi	ty? (Check all that	apply.) Where do yo	ou go to obtain thes			
Shopping	□							
Personal needs	□							
Banking								
Employment								
Social needs		. ,						



		DOCKETNO.	72433
	De vers and the second business in the community of	ITEM NO.	22
4.	Do you currently use local businesses in the community?	PAGE	291
	Yes No 🗆		
5.	If you now receive carrier delivery or post office box service from the Hoxie change to your delivery service. What would be your opinion about receivir station, which will provide the same mailing services and be located at the services.	ng service from a cla	
	Just as Good ☐ No Opinion ☐ Unfavorable ☐		
6.	Following are comments I wish to make concerning the proposed changes to the Ho	oxie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable effects proposal would have on the regularity or effectiveness of your postal services. 	-you believe the	
) !	think it belittles our C	ommu	uty
to	think it belittles our C take away our Post offer	2).	V
· ·	·		
	II. Other Comments Please provide any other views or information that you belie Service should consider in deciding whether to adopt the proposal.	ve the Postal	
		·	
	•		

Name: Judy D. CHIAPPELLI (please print your name)

Address: 205 NE Towne ST. Hoxie, AR 72433 - P. 0. Bo $\times 12^{-}$,

Telephone number: 870-88b-9366 Date: 11/3/10

For additional comments, please add on a separate piece of paper and attach it to this form.

Thank you for taking the time to complete this questionnaire.



Social needs

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following: Monthly Never Weekly Daily **Postal Services** a. Buying stamps b. Mailing letters c. Mailing parcels d. Picking up Post Office box mail Donatimes " " Jonatimes " e. Buying money orders f. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation g. Sending Express Mail Other postal services: Yes 🗌 No a. Entering permit mailings b. Resetting/using postage meter Yes 🗌 No Do you pass another Post Office or Station during business hours while traveling to or from work, or shopping, or for personal needs? Yes 🗌 If yes, which offices: For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? Shopping Personal needs Banking Employment



DOCKETNO. ITEM NO. PAGE

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22	
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		PAGE
4.	Do you currently use local businesses in the community?	
	Yes	No 🗌
5.	If you now receive carrier delivery or post office box service change to your delivery service. What would be your opstation, which will provide the same mailing services and	inion about receiving service from a classified
	Just as Good No Opinion Unfavorabl	e 🗌
6.	Following are comments I wish to make concerning the propos	ed changes to the Hoxie Post Office.
	 Effect on Your Postal Services Describe any favorable proposal would have on the regularity or effectiveness of 	
	II. Other Comments Please provide any other views or info Service should consider in deciding whether to adopt the	rmation that you believe the Postal proposal.
For Tha	additional comments, please add on a separate piece of paper ank you for taking the time to complete this questionnaire.	and attach it to this form.
Naı	me:(please print your name)	<u>, 4000-</u>
	(please print your name)	
	- Lucia in the contract in the	



Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps				Ø	
b. Mailing letters				Ø	
c. Mailing parcels			J		×
d. Picking up Post	t Office box mail		. 🔲		×
e. Buying money	orders				×
Certified mail, F	al services, including Registered mail, Insu mation, or Signature				,
Confirmation	2				Ø
g. Sending Expres	ss Mail				Ø
Other postal serv	ices:				
a. Entering permi	t mailings	Yes 🗌	No 💢		
b. Resetting/using	g postage meter	Yes 🗌	No 🗡		
Do you pass anoth personal needs? If yes, which office		ation during busi		aveling to or from wo \mathbb{C}_{-}	ork, or shoppi
For which of the fo services?				apply.) Where do yo	ou go to obtai
Shopping	X JOM	ESBORO,	AR; AO	CAHONTAS,	AR.
Personal needs	X JONG	ESBORO,	AR		
Banking					
Employment					
Employment	ч		- · - · · · · · · · · · · · · · · · · ·		



DOCKETNO. ITEM NO. PAGE 4. Do you currently use local businesses in the community? Yes 🗌 No 🗌 5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? Unfavorable No Opinion Just as Good 6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office. I. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. (please print your name) Telephone number: _____ Date: _



1.	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:							
	Postal Services	•	Daily	V	Veekly	Monthly	Never	
	a. Buying stamps					¥		
	b. Mailing letters	.				\square /		
	c. Mailing parcels					ď		
	d. Picking up Post C	Office box mail	U					
	e. Buying money or	rders				IZ		
	f. Obtaining special Certified mail, Re Delivery Confirma Confirmation g. Sending Express	gistered mail, Ins ation, or Signature	ured mail,					
	Other postal servic		V □	N.L.				
	a. Entering permit r		Yes ∐ —	No				
	b. Resetting/using	oostage meter	Yes ∐	No	الإبا			
2.	Do you pass another personal needs?	Post Office or St	_	iness ho	urs while tra No		rk, or shopping, or	fo
	If yes, which offices:							
3.	For which of the follo services?				ck all that a	pply.) Where do you	u go to obtain thes	е
	Shopping		nes boro		11			
	Personal needs							
	Banking		\	10	Λ.			
	Employment	WYC	oca hom	9.A	HL		<u>,</u>	
	Social needs							



4.	Do you currently use local businesses in the community?	DOCKETNO. ITEM NO. PAGE	72433
٦٠.	Yes ✓ No ☐		
5.	If you now receive carrier delivery or post office box service from the Hi change to your delivery service. What would be your opinion about re- station, which will provide the same mailing services and be located at	eiving service from a	e will be no classified
	Just as Good ☐ No Opinion ☐ Unfavorable ☑		
6.	Following are comments I wish to make concerning the proposed changes to the	e Hoxie Post Office.	
	 Effect on Your Postal Services Describe any favorable or unfavorable e proposal would have on the regularity or effectiveness of your postal services. 	ffects you believe the ces.	
	There is a lot of elderly people	in this	Communite
	I believe this is only the Degin the entire postal Services to t	ining of h	hoding
	the entire postal Services to to Post Office.	he WALNUT	Kidge
	II. Other Comments Please provide any other views or information that you Service should consider in deciding whether to adopt the proposal.	believe the Postal	
		•	
	additional comments, please add on a separate piece of paper and attach it to the nk you for taking the time to complete this questionnaire.	iis form.	
Nan	ne: An hamb		
Add	ress: 90×30		
Tele	ephone number: 10 - 31 - 10		



. Please check the ap	Please check the appropriate box to indicate whether you use the Hoxie Post Office for each of the following:					
Postal Services		Daily	Weeki	<i>M</i> onthly	Never	
a. Buying stamps						
b. Mailing letters						
c. Mailing parcels						
d. Picking up Post (Office box mail					
e. Buying money o	rders					
f. Obtaining special Certified mail, Re Delivery Confirm Confirmation g. Sending Express	egistered mail, Ins ation, or Signature	ured mail,				
Other postal service	ces:					
a. Entering permit	mailings	Yes 🗌	No 🗆			
b. Resetting/using	postage meter	Yes 🗌	No 🗌			
Do you pass anothe personal needs?		tation during bus	siness hours wl	nile traveling to or from	n work, or shopping,	
If yes, which offices	:				•	
			·			
For which of the foll services?	owing do you leav	re your communi	ty? (Check all	that apply.) Where do	o you go to obtain the	
Shopping					<u></u>	
Personal needs						
Banking						
Employment						
Social needs					25	



Telephone number: <u>& &</u>

72433 DOCKETNO. ITIEM NO. 29 PAGE Do you currently use local businesses in the community? No 🗌 5. If you now receive carrier delivery or post office box service from the Hoxie Post Office, there will be no change to your delivery service. What would be your opinion about receiving service from a classified station, which will provide the same mailing services and be located at the same location? No Opinion Just as Good Unfavorable 6. Following are comments I wish to make concerning the proposed changes to the Hoxie Post Office. 1. Effect on Your Postal Services Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services. II. Other Comments Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal. For additional comments, please add on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Date:

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PAGE

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22
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Please check the a	appropriate box to	indicate whether	you use the Hoxie F	ost Office for each	of the following:
Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps		. 🗆			
b Mailing letters					
c. Mailing parcels					
d. Picking up Post	Office box mail				
e. Buying money	orders				
	Registered mail, Ins nation, or Signatur	sured mail,			
Other postal serv	ices:				
a. Entering permit	mailings	Yes 🗌	No 🗹		
b. Resetting/using	postage meter	Yes 🗌	No 🔽		
personal needs?	Yes		iness hours while tra	V	<u> </u>
services?	lowing do you leav	e your communit	ty? (Check all that a	oply.) Where do you	
Shopping	<u> </u>				
Personal needs	Ц				
Banking		W-Arramost m			
Employment			· · · · · · · · · · · · · · · · · · ·		
Social needs	V				



72433 DOCKETNO. ITEM NO. PAGE

				•
4.	Do you currently use k	ocal businesses in the co	ommunity?	
		Yes 🗹	No 🗆	
5.	change to your deliv	ery service. What wo	office box service from the Hox uld be your opinion about recei g services and be located at th	ving service from a classified
	Just as Good	No Opinion 🗹	Unfavorable 🗌	
6.	Following are commen	ts I wish to make concer	ning the proposed changes to the	Hoxie Post Office.
			e any favorable or unfavorable effe ffectiveness of your postal service	
	• •			
		Please provide any oth	er views or information that you be er to adopt the proposal.	elieve the Postal
	• .			
		lease add on a separate ne to complete this quest	piece of paper and attach it to this ionnaire.	s form.
Nar	ne:			
		your name)		
Ado	lress:			
مام	enhone number		Date [.]	



Postal Services		Daily	Weekly	Monthly	Never
a. Buying stamps					
b. Mailing letters			\square		
c. Mailing parcels					
d. Picking up Post Offic	e box mail				
e. Buying money order	rs				
f. Obtaining special ser Certified mail, Regis Delivery Confirmatio Confirmation	tered mail, Ins	ured mail,			
g. Sending Express Ma	il				Ø
Other postal services:a. Entering permit mailb. Resetting/using posDo you pass another Po	ings tage meter	Yes □ Yes □ ation during busing	No No No ness hours while tra	aveling to or from wo	ork, or shopping
personal needs?	Yes	5	No		
If yes, which offices: \(\sum_{\text{off}} \)	lalnut r	lidge			
For which of the following services?	g do you leav	e your community	/? (Check all that a	pply.) Where do you	u go to obtain t
Shopping [MAI	1 Lonesto	sono	·	
Personal needs	OENTIC	H POCO	hondas		
Banking []				
Employment []	•		•	
Social needs]				



05/12/2011

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Hoxie Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

- You expressed a concern that since the people of your community paid taxes the post office should remain open. The Postal Service is not supported by tax dollars and must meet expenses by revenue it generates. Operational savings for the Postal Service contributes in the long run to stable postage rates and savings for customers.
- You expressed a concern about your 911 addresss. 911 addresses are generally given by the county's 911 coordinator. The Postal Service does not establish 911 addresses. Any questions concerning your 911 address should be directed to the county's 911 coordinator.
- You expressed a concern about the detrimental effect the loss of the post office would have on the community. Businesses generally require regular and effective postal services, and these will always be provided to the suspended Post Office community. There is no indication that the business community will be adversely affected. Questionnaire responses revealed that customers will continue to use local businesses if the post office is discontinued.
- You expressed a concern about the security of mail. Customers may place a lock on their mailboxes. The mailbox must have a slot large enough to accommodate the customer's normal daily mail volume. The Postal Service does not open mailboxes which are locked and does not accept keys for this purpose.

If it is determined that a discontinuance of the Hoxie Post Office should be pursued, a formal proposal will be posted in the Walnut Ridge Post Office and Hoxie Post Office at a later date. If you have additional questions or comments, please feel free to contact Jackie Stubitsch at (501) 228-4171.

Sincerely.

John Confer

Manager, Post Office Operations 420 Natural Resources Dr

Little Rock, AR. 72205-4100

Postal Service Customer Questionaire Analysis

Questionnaires were distributed to all delivery customers of the HOXIE Post Office on 11/30/2010, Additionally, during the survey period, questionnaires were available at the HOXIE Post Office to walk-in retail customers.

Number of Questionaires

mper of Questionancs	1738
Total questionnaires distributed	1730
Favorable to proposal	97
Unfavorable to proposal	69
Expressing no opinon	74
Total questionnaires received	240

Postal Concerns

The following postal concerns were expressed

Concern (No Opinion):

Customers were concerned about a change of address/ZIP code.

You expressed a concern about a change in address. Customers will continue to use the community name and ZIP Code. Response: This office is NOT closing but being reclassified

Concern (UnFavorable)

Customer expressed a concern about their 911 address

You expressed a concern about your 911 address. 911 addresses are generally given by the county's 911 coordinator. The Postal Service does not establish 911 addresses. Any questions concerning your 911 address should be directed to the county's 911 coordinator.

Concern (UnFavorable):

Customers felt the loss of a post office would have a detrimental effect on the business community

You expressed a concern about the detrimental effect the loss of the post office would have on the community. Businesses generally require regular and effective postal services, and these will always be provided to the suspended Post Office community. There is no indication that the business community will be adversely affected. Questionnaire responses revealed that customers will continue to use local businesses if the post office is discontinued.

Concern (UnFavorable):

Customers felt the post office should remain open since they paid taxes

You expressed a concern that since the people of your community paid taxes the post office should remain open. The Postal Service is not supported by tax dollars and must meet expenses by revenue it generates. Operational savings for the Postal Service contributes in the long run to stable postage rates and savings for customers.

Concern (UnFavorable):

Customers were concerned about mail security

You expressed a concern about the security of mail. Customers may place a lock on their mailboxes. The mailbox must have a slot large enough to accommodate the customer's normal daily mail volume. The Postal Service does not open mailboxes which are locked and does not accept keys for this purpose

Nonpostal Concerns

The following nonpostal concerns were expressed

Postal Service Customer Questionaire Analysis

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Nonpostal Concerns

The following nonpostal concerns were expressed

Docket 1367521 - 72433 Item Nbr 24 Page Nbr A

Community Meeting Roster

Postal Service Respresentive (N Patti Robinson, Marketing Mgr	ames and Titl	es):		Date: 02/17/2011 Time
Jackie Stubitsch, Discontinuance John Confer, Area 3 MPOO				
Total Number of Customers Pres			Place:	
This document may become a pa				
Names of Customers Present:				
		ddress (optional)	Zip Code	Phone Number
Name	Mailing A	adress (optional)	Zip odda	
and an indicated the second se				

Hoxie, AR 72433 Community Meetingrem No. Reclassification PAGE

CKETNO. 1367521
MNO. 24

GE 2 B

Thursday, February 17, 2011; 5:30 pm

NAME	ADDRESS
Robbin Smith	PO Box 203 Horie, ar 72433
Jida Finker	104 SE 4th Haya, av 72433
Leresal Eveledy	146 Park ave Hoxie, al 22433
Sperie aldumand	146 Park ave Hopie, Ok 22433 (Mailing add un) 1127 Lincoln St. Wolnut Ridge 72476
James J. Janl	1626 Springview Rd. Pocchantas AR 724's
Shely Zimmuma	3967 Hwy 230 Alicia HR 72410
Kathe in the itism	12735 FACKSER 71/ Su Ston, AR 72471
James Willream	408 Ste Coeter, Hopit A., 72433
Frances Breen	408 SW Cetter, Hoxie, AR 72433
StaningSchmist	25 K1 SE. Front Hoxie AR. 72433
Kuid Schmidt	2321 S.E Front Street Hoxie, AR 72433
Roy Muker	310 S E 4 a. Hoxi, a. 12435
Donking	424 Circle Dr. HOXIE, AR 72433
/	

Hoxie, AR 72433 Community Meeting

Reclassification

Thursday, February 17, 2011; 5:30 pm

DOCKET NO.

1367521

NAME	ADDRESS
(A)	ADDRESS
JOHN Confee	2100 Flotmack Tavil JBO 72404
LANNYT: NKA	104 SE 4th HOXIE
Becky Adams	260 maple Knopel
	363 SN 4th Peach Erchard
Charles Hocks	117 Lenfor bow AL 72416
Bridge Lamb	1624 Springviren Posenhontas Al 726/55
Gail Holland	
KelleyManning	1750 Walnut Grove Rd Wewg-K72562 25 Lawrence-704 Walnut Ridge Hi
Bonnie + Harold Hay	STR. 25015 = Front St Hexie, Ar 79433
Jimmie Wilson	510 W1St Imboden Ar 72434
LONNIE O. Smith	405 N.E. Cincli DR. Hoxie AR 72433
Keith & Kendra Warner	21/2 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Pan Allen	411 Sul Lindson, Herie AR 72433
Felma J. Smith	301 NWEdgar Hoxic AR 72433 10 Bex 307
3 8 - 5 - 4	10 :5 of 201.1.1. 73433

DOCKET NO. ITEM NO.

Hoxie, AR 72433 Community Meeting PAGE Reclassification

Thursday, February 17, 2011; 5:30 pm

NAME	ADDRESS
Millere Wells	508 SW BROAL FICTIC AR 12433
Barbara Frank	3175. E. CRRN HOXIE PR 72433
Debby Regert	210SE Elps Hoxie AL 72433
Merry (Rogers)	210 SE Elm Hoxie Ar 72433
Mary Stone	pr 50496 Hajo, an 72433
mary ann Leddy	300 Lawrence 5/1 20 me 72 433
Bonda & Mager	312 SW Broad St. Hotic 72433
Glen Smith	400 su HArtigan Hoxis Ac 72433

Hoxie, AR 72433 Community Meeting CKET NO. Reclassification PAGE

Thursday, February 17, 2011; 5:30 pm

1367521

NAME	
IVAIVIE	ADDRESS
and Prace	160654 margle Hazie 72433
Thomas Lamb	317 S. E. Clark " 72433
Janet Little	POBOX 115 Hoxie AK 12433
Zack Lawton	101 RAY DR HOX!E AR 72433
JOANN DICKEY	301 LAW 511 HOXIE, AR 12433
KATIESMITH	405 NE CIPCLE DR HOXIE AR
Wesley Cates	309 Peccin St
Bonita Standt	
Odel Danis	318 Pecan St Hoxie
	201 5.01 000 450
Tuenera Tight	618 The Case St Have, Ir
,	

Postal Service Customer Community Meeting Analysis

(categorize customer concerns as postal or nonpostal and provide the Postal Service response for each.)

Postal Concerns

Concern (UnFavorable):

Customers felt the post office should remain open since they paid taxes

You expressed a concern that since the people of your community paid taxes the post office should remain open. The Postal Service is not supported by tax dollars and must meet expenses by revenue it generates. Operational savings for the Postal Service contributes in the long run to stable postage rates and savings for customers.

Nonpostal Concerns



02/24/2011

As the Postal Service manager responsible for all Post Offices in your area, I would like your opinion concerning a possible change in the way postal services are provided. Our tentative plans will only lead to a formal proposal if we are satisfied that a maximum degree of regular and effective service can be provided.

meeting held after questionnaires

If you would like an opportunity to discuss alternatives with us, a postal representative will be at on 02/17/2011 from to to answer questions and provide information about our service.

If you have any questions, you may contact Jackie Stubitsch at (501) 228-4171.

Thank you for your assistance.

Sincerely,

JOHN CONFER

Manager, Post Office Operations



A. Office	2						
Name:	HOXIE	HOXIE			State: AR	Zip C	Code: 72433
Area:	SOUTHWE		**	District: County:	ARKANSAS PFC LAWRENCE Finance Number:		
Congres	sional District		AR01			044302	
EAS Gra	ide:		16			01100	
Post Offi	ice:	1	Classified Station		Classified Branch		CPO
This form	n is a place h	olde	er for number 27. There was not a petition r	ecieved.			
Prepar	red by:	Jac	kie Stubitsch			Date:	05/12/2011
Title:		ARKANSAS PFC Post Office Review Coordinator					
Tele N			1) 228-4171			Fax No:	(650) 577-5059

Was there a Congressional inquiry received for the consolidation of Yes HOXIE?

If Yes, date received?

10/22/2010

POST

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Proposal Checklist

Section I	Responsiveness to Community Postal Needs
1	Tell what we are doing and why.
	Is reason for discontinuance justified and documented in the record?
- 1/	If suspended, what type of alternate service customers are now receiving?
	Reason for vacancy and information on postmaster/OIC
	Number of customers and type of service they received and will receive.
V	Hours of service, daily window transaction average, number of permit mailers, and postage meter users.
	Last three fiscal years of revenue and revenue units.
1/	Decline in service workload/reduction in EAS level, if appropriate.
	Nearest Post Office, office level, miles away, hours of service, number of Post Office boxes
V	available.
	Administrative/emanating office — office level, miles away, hours of service, number of Post Office boxes available.
	If the nearby/administrative Post Office has a different Post Office box fee schedule, this is stated in the proposal.
/	Preproposal activities — questionnaires: number of favorable, unfavorable and no opinion responses must equal the total number of questionnaires returned. List customer concerns and Postal Service responses.
V	Community meeting. Number of customers who attended, customer concerns, and Postal Service responses.
V	Information on petitions and congressional inquiries included with Postal Service responses.
	Revised proposal states dates and locations the proposal was posted for 60 days. Number of comments received, customer concerns and Postal Service responses.
	Advantages and disadvantages of proposed alternate service.
	Any other pertinent information concerning Postal Service needs.
Section II	Effect on the Community
	Brief background of area, community government, population, etc.
1/	Number of businesses, religious institutions, schools, local government offices, social
	organizations, etc. Was Post Office used as meeting place?
	Was Post Office a shelter for a bus stop?
	Did the Post Office have a public bulletin board?
	Were government forms available at the Post Office?
	Did the Post Office provide assistance to senior citizens, persons with disabilities, etc.?
	What is the historical value of the office?
	Is an address change necessary?
	Will the community identity be preserved?
1/	What are the growth trends (flat, up, down)?
	Were any other nonpostal items identified?
Section III	Effect on Employees
	Paragraph explaining about postmaster vacancy/OIC/other career and noncareer employees of the office. If a postmaster or other employees are reassigned this must be explained and tell whether the reassignments are voluntary.

Section IV	Economic Savings
A one-time expense of \$	A statement of annual savings includes a breakdown as follows: Postmaster salary (EAS, Minimum, no COLA) Fringe benefits 33.5% Rental costs, excluding utilities Total annual costs Less estimated cost of replacement service Total annual savings will be/was incurred for installation of CBUs and parcel lockers. Is postmaster salary based on the minimum salary without COLA? Does postmaster salary reflect the current office evaluation?
Section V	Other Factors
	The Postal Service has identified no other factors for consideration (if appropriate). List other factors as appropriate. Other factors when replacement service is a CPO.
Section VI	Summary
	The proposal must include a brief summary that explains why the closing or consolidation is necessary and an assessment of how those factors supporting the need for change outweigh any negative factors. In taking competing considerations into account, the need to provide a maximum degree of effective and regular service must be paramount.
Section VII	Notices
	Appropriate notice is made that this is a proposal and not a final determination. If a final determination is made to discontinue the office, information on the appeal process will be provided at that time.
Checklist Completed By:	5-12-11
Investigative Coordinator	Date
Reviewed and Certified By:	5-12-11
District PO Review Coordinate	Date Date



02/25/2011

SENIOR VICE PRESIDENT GOVERNMENT RELATIONS AND PUBLIC POLICY 475 L'ENFANT PLAZA SW RM 10804 WASHINGTON DC 20260-3500

SUBJECT: Posting of the Proposal to Close the HOXIE Post Office Docket No. 1367521

This is to advise you that on 03/01/2011, I will post for public comment a proposal to close the HOXIE Post Office in LAWRENCE, Congressional District No. AR01.

If you have any questions, please call JACKIE STUBITSCH District Review Coordinator at (501) 228-4171.

DAVID CAMP
District Manager
ARKANSAS PFC District

cc: Manager, Customer Service Operations Area Manager, Public Affairs and Communications

Enclosures: PS Form 4920 Proposal



03/01/2011

OFFICER-IN-CHARGE/POSTMASTER

SUBJECT: Letter of Instructions Regarding Posting of HOXIE Proposal Docket No. 1367521 - 72433

Please post the enclosed proposal to close the HOXIE Post Office in the lobby. The proposal must be posted in a prominent place from 03/01/2011 through close of business on 05/02/2011. The posting must last at least 60 days and the first day does not count.

Round-date stamp the cover of the proposal on the date of posting and on the date of removal. Also, post the "Invitation for Comments" next to the proposal and round-date stamp it in the same manner.

Additional copies of the proposal and comment forms are enclosed. Provide them to customers upon request.

Also enclosed is the official record on which this proposal is based. Customers may read it; however, they may not remove it from your office. When a customer requests a copy of the record, provide it upon payment of any fees prescribed in AS-353 Guide to Privacy and the Freedom of Information Act. If you do not have photocopy equipment, take the customer's name, address, and telephone number and contact the district for a copy of the record.

At the expiration of the posting period, further instructions will be provided. If there are any questions, please contact me at (501) 228-4171.

JACKIE STUBITSCH Post Office Review Coordinator ARKANSAS PFC District

Enclosures: PS Form 4920
Proposal
Invitation for Comments
Comment Forms
Official Record

Date of Posting: 03/01/2011

Date of Removal: 05/02/2011

UNITED STATES POSTAL SERVICE

INVITATION FOR COMMENTS ON THE PROPOSAL TO CONSOLIDATE
THE HOXIE, AR POST OFFICE
AND CONTINUE TO PROVIDE
A CLASSIFIED BRANCH

To the customers of the Hoxie Post Office:

The Postal Service is considering the consolidation of the Hoxie Post Office for reasons stated in the accompanying proposal.

During the 60-day posting period from 03/01/2011 through 05/02/2011 you are invited to provide written comments. Comments will be most helpful if they offer specific opinions and information favorable or unfavorable regarding the potential effect of the proposed change on postal services and on the community. Your comments will be carefully considered and will be incorporated into the official record, which will be made public if the proposal is finalized.

Copies of the proposal and optional comment forms are available upon request at the Hoxie Post Office. If you choose to use the optional comment form and need additional space, please attach additional sheets of paper.

Please return the comment form to:

JACKIE STUBITSCH 420 NATURAL RESOURCES DR LITTLE ROCK, AR 72205-4100

For more information, you may call JACKIE STUBITSCH at (501) 228-4171 or write to the above address.

Thank you for your assistance.

JOHN CONFER

420 NATURAL RESOURCES DR LITTLE ROCK, AR 72205-4100

Date of Posting: 03/01/2011

01 2011

Posting Round Date:

Date of Removal: 05/02/2011

Removal Round Date:

MAY 0 2 2011

PROPOSAL TO CONSOLIDATE THE HOXIE, AR POST OFFICE AND ESTABLISH A CLASSIFIED BRANCH

DOCKET NUMBER 1367521 - 72433

I. RESPONSIVENESS TO COMMUNITY POSTAL NEEDS

The Postal Service is proposing to consolidate the Hoxie, AR Post Office and provide delivery and retail services by a classified branch under the administrative responsibility of the Walnut Ridge Post Office, located two miles away.

A classified branch is operated by carreer postal employees and provides the same services as an independent post office, except for postage meter setting and acceptance of permit mail.

The postmaster position became vacant when the postmaster was reassigned on January 02, 2010. Since the postmaster vacancy an OIC has been installed to operate the office. Postmaster level and office service hours are determined by a workload analysis which includes the number of deliveries and revenue.

The office is being studied for possible closing or consolidation due to the following reasons: POSTMASTER DOWNGRADED - within 5 miles of nearest office. Not discontinuing this office, reclassifying it as a Branch of Walnut Ridge

The Hoxie Post Office, an EAS-16 level, provides service from 08:30 - 16:00 Monday - Friday, Closed Saturday and lobby hours of 24 hrs on Monday - Friday and 24 hrs on Saturday to 197 post office box customers and 1,285 delivery customers. Retail services included the sale of stamps, stamped paper, and money orders; special services such as Registered Mail, Certified Mail, Insured Mail, COD Mail, and Express Mail services; and the acceptance and dispatch of all classes of mail.

The retail window averaged 51 transaction(s) accounting for 54 minute(s) of retail workload daily. With minimal workload, the Postal Service feels that effective and regular service will be provided by classified branch. Office receipts for the last 3 years were: \$78,106 (204 revenue units) in FY 2008; \$71,340 (186 revenue units) in FY 2009; and \$73,382 (191 revenue units) in FY 2010. There were five permit mailer(s) or postage meter customer(s).

The classified branch will provide at least the same number of window service hours and services as the post office except for permit mail acceptance and postage meter settings. Retail service is also available at the Walnut Ridge Post Office, an EAS- level office located 1.7 miles away. Window service hours are from 8:30 - 4:10, Monday through Friday, and closed on Saturday. There are 141 post office boxes available.

On February 17, 2011, representatives from the Postal Service were available at to answer questions and provide information to customers. 49 customer(s) attended the meeting.

On November 30, 2010, 1738 questionnaires were distributed to delivery customers of the Hoxie Post Office. Questionnaires were also available over the counter for retail customers at the Hoxie Post Office, 240 questionnaires were returned. Responses regarding the proposed alternate service were as follows: 97 favorable, 69 unfavorable, and 74 expressed no opinion.

One congressional inquiry was received on October 22, 2010.

If this proposal is implemented, delivery services will be provided by the Walnut Ridge Post Office, an EAS-18 level office. Retail and PO Box service will still be available at the Hoxie Post Office.

The following concerns were expressed on the returned questionnaires, at the community meeting, from customer letters, on the petition, and from the congressional inquiry:

1.	Concern:	Customer expressed a concern about their 911 address
	Response:	The customer expressed a concern about your 911 address. 911 addresses are generally given by the county's 911 coordinator. The Postal Service does not establish 911 addresses. Any questions concerning your 911 address should be directed to the county's 911 coordinator.
2.	Concern:	Customers felt the loss of a post office would have a detrimental effect on the business community
	Response:	The customer expressed a concern about the detrimental effect the loss of the post office would have on the community. Businesses generally require regular and effective postal services, and these will always be provided to the suspended Post Office community. There is no indication that the business community will be adversely affected. Questionnaire responses revealed that customers will continue to use local businesses if the post office is discontinued.
3.	Concern:	Customers felt the post office should remain open since they paid taxes
	Response:	The customer expressed a concern that since the people of your community paid taxes the post office should remain open. The Postal Service is not supported by tax dollars and must meet

expenses by revenue it generates. Operational savings for the Postal Service contributes in the long run to stable postage rates

and savings for customers.

Docket 1367521 - 72433 Item Nbr 33 Page Nbr: 3

4.	Concern:	Customers were concerned about a change of address/ZIP code.
	Response:	The customer expressed a concern about a change in address. Customers will continue to use the community name and ZIP Code. This office is NOT closing but being reclassified
5.	Concern:	Customers were concerned about mail security
	Response:	The customer expressed a concern about the security of mail. Customers may place a lock on their mailboxes. The mailbox must have a slot large enough to accommodate the customer's normal daily mail volume. The Postal Service does not open mailboxes which are locked and does not accept keys for this purpose.
6.	Concern:	no comments or concerns received
	Response:	

Some advantages of the proposal are:

1.	Maintains a postal facility and retail outlet in the community. Customers will continue to use the same mailing address and ZIP Code. There will be no
2.	change to customers' addresses
3.	The unit will continue to provide nonpostal services, a community gathering place and information center.
4.	Provides the same retail service as an independent post office. A savings for the Postal Service, which contributes in the long run to stable postage rates and
5.	savings for customers.

Some disadvantages of the proposal are:

- Loss of an independent post office in the community.
- 2. Loss of a postmaster position.

Taking all available information into consideration, the Postal Service concludes this proposal will provide a maximum degree of effective and regular postal services to the community.

II. EFFECT ON COMMUNITY

Hoxie is an incorporated community located in LAWRENCE County. The community is administered politically by Mayor. Police protection is provided by the Hoxie Police Department. Fire protection is provided by the Hoxie Fire Department. The community is comprised of retired people, farmers/ranchers, and those who commute to work at nearby communities and work in local businesses.

Businesses and organizations include: see attached, see attached. Residents may travel to nearby communities for other supplies and services.

Nonpostal services provided at the Hoxie Post Office will continue to be provided by the Hoxie Post Office .

The following nonpostal concerns were expressed on the returned questionnaires, at the community meeting, on the petition, and on the congressional inquiry:

None

Based on the information obtained in the course of this discontinuance study, the Postal Service concludes this proposal will not adversely affect the community.

III. EFFECT ON EMPLOYEES

The postmaster was reassigned on January 02, 2010. The noncareer postmaster relief (PMR) may be separated from the Postal Service. No other Postal Service employee will be adversely affected.

IV. ECONOMIC SAVINGS

The Postal Service estimates an annual savings of \$73,326 with a breakdown as follows:

Postmaster Salary (EAS-16, No COLA)	\$ 54,926
Fringe Benefits @ 33.5%	\$ 18,400
Annual Lease Costs	<u>+ \$ 0</u>
Total Annual Costs	\$ 73,326
Less Annual Cost of Replacement Service	<u>- \$ 0</u>
Total Annual Savings	\$ 73,326

V. OTHER FACTORS

The Postal Service has identified no other factors for consideration.

VI. SUMMARY

The Postal Service is proposing to consolidate the Hoxie, AR Post Office and provide delivery and retail services by a classified branch under the administrative responsibility of the Walnut Ridge Post Office, located two miles away.

The postmaster was reassigned on January 02, 2010. If the office has a noncareer PMR(s), they may be separated from the Postal Service; however, attempts will be made to reassign the employee(s) to a near by facility. No other employee(s) will be adversely affected. Post office mail volume has declined. Effective and regular service will continue to be provided by classified branch.

The Hoxie Post Office provided delivery and retail service to 197 PO Box customers and 1,285 delivery route customers. The daily retail window transactions averaged 51. There are five permit mailers or postage meter customers.

A classified branch will continue to provide the same services as an independent post office, except for permit mailings and meter settings. There will be a loss of the postmaster position. However, the branch will be operated by career postal employees. To help preserve community identity, the community name and ZIP Code will be retained in the mailing address. Customers will experience no change in address. The Postal Service will save an estimated \$73,326 annually. The branch will be administered and supervised by the Postal Service to ensure that high standards of service are maintained.

Taking all available information into consideration, the Postal Service has determined that the advantages outweigh the disadvantages and this proposal is warranted.

VII. NOTICES

- A. Support Materials. Copies of all materials upon which this proposal is based are available for public inspection at the Hoxie Post Office and Walnut Ridge Post Office during normal office hours.
- B. This is a proposal. It is not a final determination to consolidate this post office. If a final determination is made to consolidate this post office, after public comments on this proposal are received and taken into account, a notice of that final determination will be posted in this office.

The final determination will contain instructions on how affected customers may appeal that decision to the Postal Regulatory Commission. Any such appeal must be received by the commission within 30 days of the posting of the final determination.

John R. Carfert		
	03/01/2011	
JOHN CONFER Manager Post Office Operations	Date	

Date of Posting: 03/01/2011



UNITED STATES POSTAL SERVICE

Invitation for Comments on the Proposal to Reclassify

the HOXIE Post Office

and Establish a Classified Branch

To the customers of the HOXIE Post Office:

The Postal Service is considering the reclassification of the HOXIE Post Office for reasons stated in the accompanying proposal.

During the 60-day posting period from 03/01/2011 through 05/02/2011 you are invited to provide written comments. Comments will

be most helpful if they offer specific opinions and information favorable or unfavorable regarding the potential effect of the proposed change on postal services and on the community. Your comments will be carefully considered and will be incorporated into the official record, which will be made public if the proposal is finalized.

Copies of the proposal and optional comment forms are available upon request at the HOXIE PO. If you choose to use the optional comment form and need additional space, please attach additional sheets of paper.

Please return the comment form to:

JACKIE STUBITSCH 420 NATURAL RESOURCES DR LITTLE ROCK, AR 72205-4100

For more information, you may call JACKIE STUBITSCH at (501) 228-4171 or write to the above address.

Thank you for your assistance.

Sincerely,

JOHN CONFER JOHN CONFER 420 NATURAL RESOURCES DR LITTLE ROCK, AR 72205-4100



Optional Comment Form

Following are comments I wish to make concerning the proposed discontinuance of the HOXIE Post Office.

	tate, and ZIP Code	Date
Mailin	g Address	
Name	of Postal Customer	Signature of Postal Customer
3.	Other Comments. Please provide a Postal Service should consider in de	any other views or information that you believe the eciding whether to adopt the proposal.
2.	Effect on Your Community. Pleas you believe the proposal would have	e describe any favorable or unfavorable effects that e on your community.
1.	believe the proposal would have on	escribe any favorable or unfavorable effects you the regularity or effectiveness of your postal services.



05/10/2011

OFFICER-IN-CHARGE/POSTMASTER

SUBJECT: Instructions for Posting the "Notice of Taking Proposal and Comments Under Internal Consideration"

At the close of business on 05/02/2011 take down the "Proposal" and the "Invitation for Comments" from the lobby. Round-date stamp them upon removal and verify that the mandatory 60-day posting period was observed. The proposal and invitation for comments must be posted for at least 60 days, and the first day does not count.

On the same day, prominently post in the lobby the enclosed "Notice of Taking Proposal and Comments Under Internal Consideration." The notice should remain posted until you receive further notice from this office.

Please return the posted "Proposal," "Invitation for Comments," the official record, and any related discontinuance materials to this office.

Thank you for your assistance.

Sincerely,

JACKIE STUBITSCH Post Office Review Coordinator 420 NATURAL RESOURCES DR LITTLE ROCK, AR 72205-4100



A. Office				7: 0-1-	70400
Name: HOXIE		District:	State: AR ARKANSAS PFC	Zip Code	72433
Area: SOUTHWE		County:	LAWRENCE		
Congressional District EAS Grade:	16 ARUT	oodiiiyi	Finance Number:	044302	
	Classified Station		Classified Branch	С	PO [
This form is a place h	nolder for number 36. The round dated copies o	f the prop	osal have been received.		
Prepared by:	Jackie Stubitsch			Date:	05/12/2011
Title:	ARKANSAS PFC Post Office Review Coordina	ator			(650)
Tele No:	(501) 228-4171			Fax No:	577-5059

NOTICE OF TAKING PROPOSAL AND COMMENTS UNDER INTERNAL CONSIDERATION

Date 05/12/2011

Postal Customers of the Hoxie Post Office: The Postal Service appreciates receiving the views of those of you who submitted comments on the proposal to consolidate the Hoxie Post Office, which was posted 03/01/2011 through 05/02/2011. These comments will be considered carefully as the matter is reviewed further in my office and at higher levels within the Postal Service.

When a final decision is made by the Postal Service, that decision will be posted in place of this notice. If the decision is to approve the proposal, any customer of the Hoxie Post Office who disagrees will have the right to appeal that decision to the Postal Rate Commission in Washington, DC.

Sincerely,

JOHN CONFER

420 NATURAL RESOURCES DR LITTLE ROCK, AR 72205-4100



05/12/2011

Dear Postal Service Customer:

Thank you for taking the time to submit your comments on the proposal to consolidate the HOXIE. Your comments are appreciated and will be carefully considered, along with the comments of other customers, as the matter is reviewed further in my office and at higher levels of the Postal Service.

In response to your letter:

I realize that with change there is always concern. However, we are confident that classified branch will continue to provide you with effective and regular service. If you have questions or further comments concerning this change in service, please feel free to contact Jackie Stubitsch at (501) 228-4171.

Sincerely

Manager, Post Office Operations 420 Natural Resources Dr Little Rock, AR, 72205-4100



A. Office					
Name: HOXIE	2.7	District:	State: AR	Zip Co	ode: 72433
Area: SOUTHWES		County:	LAWRENCE		
Congressional District: EAS Grade:	16	o o a my	Finance Numbe	r: 044302	
_	Classified Station		Classified Branch		СРО
Post Office.	Olassined Otalion				1_
This form is a place ho	lder for number 39. There was not a prematu	re appeal	received.		
	ackie Stubitsch			Date:	05/12/2011
Title: A	RKANSAS PFC Post Office Review Coordinate	ator			(050)
Tele No:	501) 228-4171			Fax No:	(650) 577-5059

Analysis of 60-Day Posting Comments

Number of comments returned

 Total questionnaires distributed
 0

 Favorable comments
 0

 Unfavorable comments
 0

 No opinon expressed
 0

 Total comments returned
 0

Postal Concerns

The following postal concerns were expressed

Concern (No Opinion): no comments or concerns received Response:

Nonpostal Concerns

The following nonpostal concerns were expressed

Date of Posting:	03/	01	/201	1
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Posting Round Date:

Date of Removal: 05/02/2011

Removal Round Date:

PROPOSAL TO CONSOLIDATE THE HOXIE, AR POST OFFICE AND CONTINUE TO PROVIDE A CLASSIFIED BRANCH

DOCKET NUMBER 1367521 - 72433

I. RESPONSIVENESS TO COMMUNITY POSTAL NEEDS

The Postal Service is proposing to consolidate the Hoxie, AR Post Office and provide delivery and retail services by a classified branch under the administrative responsibility of the Walnut Ridge Post Office, located two miles away.

A classified branch is operated by carreer postal employees and provides the same services as an independent post office, except for postage meter setting and acceptance of permit mail.

The postmaster position became vacant when the postmaster was reassigned on January 02, 2010. Since the postmaster vacancy an OIC has been installed to operate the office. Postmaster level and office service hours are determined by a workload analysis which includes the number of deliveries and revenue.

The office is being studied for possible closing or consolidation due to the following reasons: POSTMASTER DOWNGRADED within 5 miles of nearest office. Not discontinuing this office, reclassifying it as a Branch of Walnut Ridge

The Hoxie Post Office, an EAS-16 level, provides service from 08:30 - 16:00 Monday - Friday, Closed Saturday and lobby hours of 24 hrs on Monday - Friday and 24 hrs on Saturday to 197 post office box customers and 1,285 delivery customers. Retail services included the sale of stamps, stamped paper, and money orders; special services such as Registered Mail, Certified Mail, Insured Mail, COD Mail, and Express Mail services; and the acceptance and dispatch of all classes of mail.

The retail window averaged 51 transaction(s) accounting for 54 minute(s) of retail workload daily. With minimal workload, the Postal Service feels that effective and regular service will be provided by classified branch. Office receipts for the last 3 years were: \$78,106 (204 revenue units) in FY 2008; \$71,340 (186 revenue units) in FY 2009; and \$73,382 (191 revenue units) in FY 2010. There were five permit mailer(s) or postage meter customer(s).

The classified branch will provide at least the same number of window service hours and services as the post office except for permit mail acceptance and postage meter settings. Retail service is also available at the Walnut Ridge Post Office, an EAS-level office located 1.7 miles away. Window service hours are from 8:30 - 4:10, Monday through Friday, and closed on Saturday. There are 141 post office boxes available.

On February 17, 2011, representatives from the Postal Service were available at to answer questions and provide information to customers. 49 customer(s) attended the meeting.

On November 30, 2010, 1738 questionnaires were distributed to delivery customers of the Hoxie Post Office. Questionnaires were also available over the counter for retail customers at the Hoxie Post Office. 240 questionnaires were returned. Responses regarding the proposed alternate service were as follows: 97 favorable, 69 unfavorable, and 74 expressed no opinion.

One congressional inquiry was received on October 22, 2010.

If this proposal is implemented, delivery services will be provided by the Walnut Ridge Post Office, an EAS-18 level office. Retail and PO Box service will still be available at the Hoxie Post Office.

The following concerns were expressed on the petition, and from the congressional inquiry:	ne returned questionnaires, at the community meeting, from customer letters, on the
1. Concern:	Customer expressed a concern about their 911 address
Response:	The customer expressed a concern about your 911 address. 911 addresses are generally given by the county's 911 coordinator. The Postal Service does not establish 911 addresses. Any questions concerning your 911 address should be directed to the county's 911 coordinator.
2. Concern:	Customers felt the loss of a post office would have a detrimental effect on the business community
Response:	The customer expressed a concern about the detrimental effect the loss of the post office would have on the community. Businesses generally require regular and effective postal services, and these will always be provided to the suspended Post Office community. There is no indication that the business community will be adversely affected. Questionnaire responses revealed that customers will continue to use local businesses if the post office is discontinued.
3. Concern:	Customers felt the post office should remain open since they paid taxes
Response:	The customer expressed a concern that since the people of your community paid taxes the post office should remain open. The Postal Service is not supported by tax dollars and must meet

expenses by revenue it generates. Operational savings for the Postal Service contributes in the long run to stable postage rates

and savings for customers.

Docket: 1367521 - 72433 Item Nbr. 41 Page Nbr. 3

4. Concern:

Response:

5. Concern:

Response:

6. Concern:

Response:

Customers were concerned about a change of address/ZIP code.

The customer expressed a concern about a change in address. Customers will continue to use the community name and ZIP Code. This office is NOT closing but being reclassified

Customers were concerned about mail security

The customer expressed a concern about the security of mail. Customers may place a lock on their mailboxes. The mailbox must have a slot large enough to accommodate the customer's normal daily mail volume. The Postal Service does not open mailboxes which are locked and does not accept keys for this purpose.

no comments or concerns received

Some advantages of the proposal are:

Some disadvantages of the proposal are:

- Loss of an independent post office in the community.
- 2. Loss of a postmaster position.

Taking all available information into consideration, the Postal Service concludes this proposal will provide a maximum degree of effective and regular postal services to the community.

II. EFFECT ON COMMUNITY

Hoxie is an incorporated community located in LAWRENCE County. The community is administered politically by Mayor. Police protection is provided by the Hoxie Police Department. Fire protection is provided by the Hoxie Fire Department. The community is comprised of retired people, farmers/ranchers, and those who commute to work at nearby communities and work in local businesses.

Businesses and organizations include: see attached, see attached. Residents may travel to nearby communities for other supplies and services.

Nonpostal services provided at the Hoxie Post Office will continue to be provided by the Hoxie Post Office .

The following nonpostal concerns were expressed on the returned questionnaires, at the community meeting, on the petition, and on the congressional inquiry:

None

Based on the information obtained in the course of this discontinuance study, the Postal Service concludes this proposal will not adversely affect the community.

III. EFFECT ON EMPLOYEES

The postmaster was reassigned on January 02, 2010. The noncareer postmaster relief (PMR) may be separated from the Postal Service. No other Postal Service employee will be adversely affected.

IV. ECONOMIC SAVINGS

The Postal Service estimates an annual savings of \$ 73,326 with a breakdown as follows:

Postmaster Salary (EAS-16, No COLA)	\$ 54,926
Fringe Benefits @ 33.5%	\$ 18,400
Annual Lease Costs	+ \$ 0
Total Annual Costs	\$ 73,326
Less Annual Cost of Replacement Service	<u>- \$ 0</u>
Total Annual Savings	\$ 73,326

V. OTHER FACTORS

The Postal Service has identified no other factors for consideration.

VI. SUMMARY

The Postal Service is proposing to consolidate the Hoxie, AR Post Office and provide delivery and retail services by a classified branch under the administrative responsibility of the Walnut Ridge Post Office, located two miles away.

The postmaster was reassigned on January 02, 2010. If the office has a noncareer PMR(s), they may be separated from the Postal Service; however, attempts will be made to reassign the employee(s) to a near by facility. No other employee(s) will be adversely affected. Post office mail volume has declined. Effective and regular service will continue to be provided by classified branch.

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A classified branch will continue to provide the same services as an independent post office, except for permit mailings and meter settings. There will be a loss of the postmaster position. However, the branch will be operated by career postal employees. To help preserve community identity, the community name and ZIP Code will be retained in the mailing address. Customers will experience no change in address. The Postal Service will save an estimated \$73,326 annually. The branch will be administered and supervised by the Postal Service to ensure that high standards of service are maintained.

Taking all available information into consideration, the Postal Service has determined that the advantages outweigh the disadvantages and this proposal is warranted.

VII. NOTICES

- A. Support Materials. Copies of all materials upon which this proposal is based are available for public inspection at the Hoxie Post Office and Walnut Ridge Post Office during normal office hours.
- B. This is a proposal. It is not a final determination to consolidate this post office. If a final determination is made to consolidate this post office, after public comments on this proposal are received and taken into account, a notice of that final determination will be posted in this office.

The final determination will contain instructions on how affected customers may appeal that decision to the Postal Regulatory Commission. Any such appeal must be received by the commission within 30 days of the posting of the final determination.

JOHN CONFER
Manager, Post Office Operations

03/01/2011
Date

POST OFFI	U.S. Postal Serv CE CLOSING OR CONS Fact Sheet	OLIDATION PROPOSA	AL	1. Date Prepared 02/25/2011
2. Post Office Name		3. State and ZIP + 4 Cod	le	
HOXIE 4. District, Customer Service 5. Area,	AR: 72433-9998 6. County		ional District	
ARKANSAS PEC SOUTH		LAWRENCE Reason and Date)	AR01	nt Alternate Service
11. Staffing			12. Hours of Service	
a. PM PM Vacancy Reas Occupied 01/02/2010	on & Date was reassigned	a. Time M-F 08 30 - 16 00	Sat Closed	Total Window Hours Per Week
b OIC Career	Non-Career	a. Lobby Time M-F 24 hrs	Sat 24 hrs	30.00
(150)EAS-16	ngraded from EAS-16 of Non-Career- 0			
	of Non-Career- 1			
13. Number of Customers	Served		14. Daily Volume (Pieces	
a. General Delivery	0	Types of Mail	Received	Dispatched
b. P.O. Box	197	a. First-Class	3.103	713
c. City Delivery	1,020	b. Newspaper	626	11
d. Rural Delivery	265	c. Parcel	52	7
e. Highway Contract Route Box	0	d. Other	0	0
f. Total	1,482	e. Total	3,781	731
g. No. Receiving Duplicate Service	0	f. No. of Postage Meters		4
h. Average No. Daily Transactions	51,40	g No of Permits		1
Finances a. FY 2008 2009 2010		Receipts \$ 78.106 \$ 71.340 \$ 73.382	b. EAS Step 1 PM Basic Salary (no Cola) \$ 54926	c. PM Fringe Benefits (33.5% of b.) \$18.400
Postal Owned 30-day cancellation clause? Yes Located in: Business Home			No (if Yes, must vacate by	ual Lease \$ 0
16b. Explain. The Hoxie Post Office is in a stand-alone buildin Walnut Ridge Post Office which is located less t	g. This request is for the re-c nan 1 mile away.	classification of the Hoxie Po	ost Office from a Post Office	to a Branch of the
17. Schools, Churches and Organization in Se		19. Administrative/Ema	anating Office (Proposed)	
see attached		Name WALNUT RID Window Service Hours Lobby Hours	M-F 8:30 - 4:10	8 Miles Away 1.7 SAT closed SAT 24 hrs
			141	
18. Businesses in Service Area.	No. 88	20. Nearest Post Office	e (if different from above)	
see attached		Name WALNUT RII Window Service Hours:	Level	Miles Away 1.7 SAT closed SAT 24 hrs
		PO Boxes Available	141	
	21. Pr	epared by		IT-I
Printed Name and Title JACKIE STUBITSCH	(Telephone No. AC ()	Signature JACKIE STUBITSCH Location		Telephone No. AC () (501) 228-4171
PO Discontinuance Coordinator Name JACKIE STUBITSCH	(501) 228-4171	LITTLE ROCK, AR		



05/12/2011

MEMO TO THE RECORD

SUBJECT: Certification of the Record

HOXIE

Docket Number 1367521 - 72433

This certifies that all comments and documents enclosed in the attached record are originals, or true and correct copies of the originals.

DAVID CAMP District Manager

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LOG OF POST OFFICE DISCONTINUANCE ACTIONS

	710 0-40	HOXIE, AR, 72433-9998									
Office Name, State, ZIP Code: EAS Level: District: County: Congressional District: Proposal: Reason For Propsed:		16 ARKANSAS PFC LAWRENCE									
					AR01 Close Consolidate was reassigned						
									Alternate Service	e Proposed:	Classified Branch
		Customers Affe									
		Post Office Box: General Delivery: Rural Route: Highway Contract Route (HCR):		197 0 265							
								0			
								1,020			
City Route:	Dural			0							
Intermediate				0							
Intermediate		1,482									
Total numb	er of customers:										
	Askion										
Date	Action Office suspended. Reason suspended:										
	Sucrension notice sent to Headquarters.										
01/02/2010	Destructor vacancy occurred Reason: Was	s reassigned									
01/02/2010	OIC: Career: 3 Noncareer: 1 Other Er	mployees: 3									
11/30/2010 District manager authorization to study. Questionnaires sent to customers. Number sent: 1738. Number Returned: 240											
	Questionnaires sent to customers. Number	No Opinion 74									
	Analysis: Favorable 97 Unfavorable 69 No Opinion 74 Petition received. Number of signatures: 0										
	Concerns expressed:										
			-								
Congressional inquiry received: Yes											
		Bruser have requested that this									
	office not be closed. This office	ln, Senator Pryor have requested that this ce is not being closed but being re-	*								
03/01/2011	Proposal and checklist sent to district for re	eview. ons notified by district 10 days before the 60-day posting (PS	S Form								
	Government Relations and Retail Operation	ons notined by district to days a service of the se									
02/25/2011	Description for comments post	4920 attached). Proposal and invitation for comments posted and round-dated. Proposal and invitation for comments posted and round-dated.									
05/12/2011	Proposal and invitation for comments remo	oved and round-dated.									
	Comment Analysis										
	Favorable 0 Unfavorable 0 No Opinion	1 0 0									
None	Premature PRC appeal received.										
	Concerns expressed:										
			4								
00/05/0011	Updated PS Form 4920 completed (if nec	essary).									
02/25/2011	Certification of the official record.	LD tail and cany of transmittal lette	r to vice								
03/12/2011	Certification of the official record. District transmittal of official record to vice president, Delivery and Retail, and copy of transmittal letter to vice president, Area Operations.										
	Headquarters logged in official record (option entry). Record returned to district for additional consideration.										
and divi	Record returned to district for additional c	ry and Retail, after district additional consideration.									
Add	Record returned to vice president, beneat										

	Record returned as not warranted.	1 1-1-1			
Add	Final determination posted at affected office(s) and ro	und-dated.			
, 100	Figure determination removed and round-dated.				
	Postal Bulletin Post Office Change Announcement form sent to Headquarters.				
	No appeals letter received from Headquarters.				
	Appeal to PRC received				
	PRC opinion received on appeal: Affirmed: Remanded: USF	S Withdrawn:			
	Address management systems notified to updated AMS report.				
Add	Discontinuance announced in Postal Bulletin No.:	Effective date			
Auu	Diodo: Militaria				
	dinator/person most familiar with the case:		(501) 228-4171		
	dinator/person most familiar with the case: JACKIE STUBITSCH		(501) 228-4171 Telephone Number		
	dinator/person most familiar with the case:		Telephone Number		
	dinator/person most familiar with the case: JACKIE STUBITSCH Name/Title		Telephone Number (501) 228-4171		
	dinator/person most familiar with the case: JACKIE STUBITSCH		Telephone Number		



Date of Removal: 07/23/2011



FINAL DETERMINATION TO CONSOLIDATE
THE HOXIE, AR POST OFFICE
AND CONTINUE TO PROVIDE
A CLASSIFIED BRANCH

DOCKET NUMBER 1367521 - 72433

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Concern:

Concern:

I. RESPONSIVENESS TO COMMUNITY POSTAL NEEDS

The Postal Service has determined to consolidate the Hoxie, AR Post Office and provide delivery and retail services by a classified branch under the administrative responsibility of the Walnut Ridge Post Office, located two miles away.

A classified branch is operated by carreer postal employees and provides the same services as an independent post office, except for postage meter setting and acceptance of permit mail.

The postmaster position became vacant when the postmaster was reassigned on January 02, 2010. An employee from a neighboring office may have been installed as the temporary officer-in-charge (OIC). Postmaster level and office service hours are determined by a workload analysis which includes the number of deliveries and revenue.

The office was studied for closing or consolidation due to the following reasons: POSTMASTER DOWNGRADED - within 5 miles of nearest office. Not discontinuing this office, reclassifying it as a Branch of Walnut Ridge

The Hoxie Post Office, an EAS-16 level, provided service from 08:30 - 16:00 Monday - Friday Closed Saturday and lobby hours of 24 hrs on Monday - Friday and 24 hrs on Saturday to 197 Post Office box customers and 1,285 delivery customers. Retail services included the sale of stamps, stamped paper, and money orders; special services such as Registered Mail, Certified Mail, Insured Mail, COD Mail, and Express Mail services; and the acceptance and dispatch of all classes of mail.

The retail window averaged 51 transaction(s) accounting for 54 minute(s) of retail workload daily. With minimal workload, the Postal Service feels that effective and regular service will be provided by classified branch. Office receipts for the last 3 years were: \$78,106 (204 revenue units) in FY 2008; \$71,340 (186 revenue units) in FY 2009; and \$73,382 (191 revenue units) in FY 2010. There were five permit mailer(s) or postage meter customer(s).

The classified branch will provide at least the same number of window service hours and services as the post office except for permit mail acceptance and postage meter settings. Retail service is also available at the Walnut Ridge Post Office, an EAS- level office located 1.7 miles away. Window service hours are from 8:30 - 4:10, Monday through Friday, and closed on Saturday. There are 141 post office boxes available.

On February 17, 2011, representatives from the Postal Service were available at to answer questions and provide information to customers, 49 customer(s) attended the meeting.

On November 30, 2010, 1738 questionnaires were distributed to delivery customers of the Hoxie Post Office. Questionnaires were also available over the counter for retail customers at the Hoxie Post Office. 240 questionnaires were returned. 97 responses were favorable, 69 unfavorable, and 74 expressed no opinion regarding the proposed alternate service.

One congressional inquiry was received on October 22, 2010.

When this final determination is implemented, delivery services will be provided by the Walnut Ridge Post Office, an EAS-18 level office, Retail and PO Box service will still be available at the Hoxie Post Office.

Customer expressed a concern about their 911 address

The following concerns were expressed on the returned questionnaires, at the community meeting, on the petition, and on the congressional inquiry:

	Response:	The customer expressed a concern about your 911 address. 911 addresses are generally given by the county's 911 coordinator. The Postal Service does not establish 911 addresses. Any questions concerning your 911 address should be directed to the county's 911 coordinator.
2.	Concern:	Customers felt the loss of a post office would have a detrimental effect on the business community
	Response:	The customer expressed a concern about the detrimental effect the loss of the post office would have on the community. Businesses generally require regular and effective postal services, and these will always be provided to the suspended Post Office community. There is no indication that the business community will be adversely affected. Questionnaire responses revealed that customers will continue to use local businesses if the post office is discontinued.
2	Company	Customers felt the post office should remain open since they paid

taxes

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Response:

The customer expressed a concern that since the people of your community paid taxes the post office should remain open. The Postal Service is not supported by tax dollars and must meet expenses by revenue it generates. Operational savings for the Postal Service contributes in the long run to stable postage rates and savings for customers.

Concern:

Customers were concerned about a change of address/ZIP code.

Response:

The customer expressed a concern about a change in address. Customers will continue to use the community name and ZIP Code.

This office is NOT closing but being reclassified

5. Concern:

Customers were concerned about mail security

Response:

The customer expressed a concern about the security of mail. Customers may place a lock on their mailboxes. The mailbox must have a slot large enough to accommodate the customer's normal daily mail volume. The Postal Service does not open mailboxes which are locked and does not accept keys for this purpose.

Some advantages of the final determination are:

1. Maintains a postal facility and retail outlet in the community.

2. Customers will continue to use the same mailing address and ZIP Code. There will be no change to customers' addresses.

3. The unit will continue to provide nonpostal services, a community gathering place and information center.

4. Provides the same retail service as an independent post office.

5. A savings for the Postal Service, which contributes in the long run to stable postage rates and savings for customers.

Some disadvantages of the final determination are:

1. Loss of an independent post office in the community.

2. Loss of a postmaster position.

This final determination to consolidate the Hoxie Post Office was posted with an invitation for comment at the Hoxie Post Office and Walnut Ridge Post Office from March 01, 2011 to May 02, 2011. The following additional concerns were received during the proposal posting period:

6. Concern:

no comments or concerns received

Response:

Taking all available information into consideration, the Postal Service concludes this final determination will provide a maximum degree of effective and regular postal services to the community.

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II. EFFECT ON COMMUNITY

Hoxie is an incorporated community located in LAWRENCE County. The community is administered politically by Mayor. Police protection is provided by the Hoxie Police Department. Fire protection is provided by the Hoxie Fire Department. The community is comprised of retired people, farmers/ranchers, and those who commute to work at nearby communities and work in local businesses.

Businesses and organizations include: see attached, see attached. Residents may travel to nearby communities for other supplies and services.

Nonpostal services provided at the Hoxie Post Office will continue to be provided by the Hoxie Post Office .

The following nonpostal concerns were expressed on the returned questionnaires, at the community meeting, on the petition, and on the congressional inquiry:

None

Based on the information obtained in the course of this discontinuance study, the Postal Service concludes this proposal will not adversely affect the community.

III. EFFECT ON EMPLOYEES

The postmaster was reassigned on January 02, 2010. The noncareer postmaster relief (PMR) may be separated from the Postal Service. No other Postal Service employee will be adversely affected.

IV. ECONOMIC SAVINGS

The Postal Service estimates an annual savings of \$73,326 with a breakdown as follows:

Postmaster Salary (EAS-16, No COLA)	\$ 54,926
Fringe Benefits @ 33.5%	\$ 18,400
Annual Lease Costs	+ \$ 0
Total Annual Costs	\$ 73,326
Less Annual Cost of Replacement Service	<u>- \$ 0</u>
Total Annual Savings	\$ 73.326

V. OTHER FACTORS

The Postal Service has identified no other factors for consideration.

VI. SUMMARY

The Postal Service has determined to consolidate the Hoxie, AR Post Office and provide delivery and retail services by a classified branch under the administrative responsibility of the Walnut Ridge Post Office, located two miles away.

The postmaster was reassigned on January 02, 2010. If the office has a noncareer PMR, they may be separated from the Postal Service. No other employee(s) will be adversely affected. Post office workload has declined. Effective and regular service will continue to be provided by classified branch.

The Hoxie Post Office provided delivery service to 1,285 customers and 197 PO Box customers. The daily retail window transactions averaged 51. There are five permit mailers or postage meter customers.

A classified branch will continue to provide the same services as an independent post office, except for permit mailings and meter settings. There will be a loss of the postmaster position. However, the branch will be operated by career postal employees. To help preserve community identity, the community name and ZIP Code will be retained in the mailing address. Customers will experience no change in address. The Postal Service will save an estimated \$73,326 annually. The branch will be administered and supervised by the Postal Service to ensure that high standards of service are maintained.

Taking all available information into consideration, the Postal Service has determined that the advantages outweigh the disadvantages and this final determination is warranted.

VII. NOTICES

- A. Support Materials. Copies of all materials upon which this final determination is based are available for public inspection at the Hoxie Post Office and Walnut Ridge Post Office during normal office hours.
- B. Appeal Rights. This final determination to close the Hoxie Post Office may be appealed by any person served by that office to the Postal Regulatory Commission at 901 New York Ave NW, Suite 200, Washington DC 20268-000l. Appeals must be received by the Commission within 30 days of the date this final determination is posted. If an appeal is filed, copies of appeal documents prepared by the Postal Regulatory Commission or the parties to the appeal will be made available for public inspection at Hoxie Post Office and Walnut Ridge Post Office during normal office hours.

Dean J Granholm
Vice President of Delivery and Post Office Operations

06/21/2011

Date